#### BINDING Œ Ш ARGIN

pinous PHYSICIANS shou Exact statement PERMANENT EXACTLY stated classified. 0 g v oul THIS properly <u>u</u> O INK pe supplied, UNFADING may that it ma 00 terms, on back ponid 0 plain EATH in plain e instructions WRITE See OF Item Every Item CAUSE OF Important.

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state Very

#### 1 PLACE OF DEATH STATE OF MARYLAND CERTIFICATE OF DEATH County Registration Dist. No. Village or City .....Ward) PERSONAL AND STATISTICAL PARTICULARS MEDICAL CERTIFICATE OF DEATH 3 SEX 5 SINGLE, COLOR OR RACE DATE OF DEATH MARRIED. WIDOWED. (Month) OR DIVORCED (Write the word) (Day (Year) TAGE If LESS than and that death occurred on the date stated above, at 1 day hrs. DEATH\* was as follows: OR ..... min. ? BOCCUPATION (a) Trade, profession, or particular kind of work (b) General nature of industry. business, or establishment in (Duration) which employed (or employer) 9 B!RTHPLACE Contributory. (State or country) Secondary 1D NAME OF FATHER (Signed) S 11 BIRTHPLACE RENT (State or country) \*State the DISEASE CAUSING DEATH, or, in death's from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, OF HOMICIDAL. 12 MAIDEN NAME d OF MOTHER 0 18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS) 13 BIRTHPLACE Af place In the OF MOTHER ot death \_\_\_\_\_ yrs. \_\_\_\_ mos. \_\_\_ ds. (State or country) State Where was disease contracted, OF If not at place of death? Former or usual residence.

If more Blanks are needed, address State Registrar, 6 E. Franklin St., Baito., Requesting V. S. No. 1.

REGISTRAR

UNDERTAKER

OR REMOVAL

Ilt death occurred to

(Year)

a hospitat or institution, give its NAME Instead of sfreef and number.]

(Day

DATE OF BURIAL

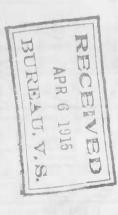
ADDRESS

[Approved by U. S. Census and American Public Health Association.]

duties of the household only (not paid Housekeepers who have no occupation whatever, write None. cated thus: Farmer (retired 6 yrs.) For persons CAUSING DEATH, state occupation at beginning of illbeen changed or given up on account of the disease Scrvant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At schoot or At home. Care Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as minc, etc. fication as Day taborer, Farm laborer, Laborer "Manager," "Dealer," etc., without more precise specistatement. material worked on may form part of the second Groccry; (a) Foreman, (b) Automobite factory. (a) Spinner, (b) Cotton milt; (a) Satesman, (b) it should be used only when needed. additional line is provided for the latter statement; the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Civit engineer, Stationary freman, etc. But in many Physician, Compositor, Architect, Locomotive first line will be sufficient, c. g., Farmer or Planter, For many occupations a single word or term on the applies to each and every person, irrespective of age. ness of various pursuits can be known. The question tion is very important, so that the relative healthful-Statement of occupation-Precise statement of occupa-If retired from husiness, that fact may be indl-Never return "Laborer," Women at home, who are engaged in the As examples: "Foreman," engineer,

Statement of cause of death—Name, first, the disease causing death—It respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite): Tuberculosis of lungs, meninges, peritonaeum, etc., Carcin-

mia," "l'uerperal peritonitis," etc. State cause for childbirth or miscarriage as "Puerreral septichaemus," "Old Age," "Shock," "Uraemia," "Weakness," nant neoplasms); Measles; Whooping cough; Chronic oma, Sarcoma, etc., of..... (name origin; "Can-"Contributory." injury, as fracture of skull, and consequences (e. g., ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably etc., when a definite disease can be ascertained as the "Heart failure," "Haemorrhage," "Inanition," "Marasgenital," thenia," "Anaemia" (merely symptomatle), "Atrophy," mere symptoms or terminal conditions, such as "As-Bronchopneumonia (secondary), 10 ds. Never report ample: affection need not be stated unless important. ralvutar heart disease; Chronic interstitial nephritis, ture of the American Medical Association.) cause of death approved by Committee on Nomenclascpsis, tetanus) may be stated under the head by carbotic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned such, if impossible to determine definitely. Examples: LENT DEATHS state MEANS OF INJURY and qualify as which surgical operation was undertaken. "Collapse," "Coma," "Convulsions," "Debility" ("Con-Accidentat drowning; Struck by railway train-acciis less definite; avoid use of "Tumor" for malig-The contributory (secondary or intercurrent) Always qualify all diseases resulting from Measles (disease causing death), 29 ds.; "Senile," etc.), "Dropsy," (Recommendations on statement of "Exhaustion," For vio-



REGISTRAR

nore blanks are needed, address State Registrar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

STATE OF MARYLAND CERTIFICATE OF DEATH

1 PLACE OF DEATH

[Approved by U. S. Census and American Public Health Association.]:

cated thus: Farmer (retired 6 yrs.) For persons of persons engaged in domestic service for wages, as duties of the household only (not paid Housekeepers material worked on may form part of the second who have no occupation whatever, write None. CAUSING DEATH, state occupation at beginning of illbeen changed or given up on aecount of the disease Servant, Cook, Housemaid, etc. If the occupation has should be taken to report specifically the occupations gainfully employed, as At school or At home. Care Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as mine, etc. fication as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise specistatement. Never return "Laborer," "Foreman," Grocery; (a) Foreman, (b) Automobile factory. it should be used only when needed. As examples: additional line is provided for the latter statement; the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b)cases, especially in industrial employments, it is nec-Civil engineer, Stationary fireman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the applies to caeh and every person, irrespective of age. ness of various pursuits can be known. The question tion is very important, so that the relative healthful-(a) Spinner, (b) Cotton mill; (a) Salesman, Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the The

Statement of cause of death—Name, first, the disease causing death—(the primary affection with respect to time and causatiou), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite): Tuberculesis of lungs, meninges, peritonaeum, etc., Carcin-

mia," "Puerreral peritonitis," etc. State cause for childbirth or misearriage as "Puerperal septichae-"Heart failure," "Haemorrhage," "Inanition," "Marasmus," "Old Age," "Shoek," "Uraemia," "Weakness," nant neoplasms); Measles; Whooping cough; Chronie scpsis, tetanus) may be stated under the head of injury, as fracture of skull, and consequences (e. g., suell, if impossible to determine definitely. Examples: LENT DEATHS State MEANS OF INJURY and qualify as cause. thenia," "Anaemia" (merely symptomatie), "Atrophy," mere symptoms or terminal conditions, such as "Asoma, Sarcoma, etc., of..... (name origin; "Canture of the American Medical Association.) cause of death approved by Committee on Nomenela-"Contributory." (Recommendations on statement of by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-acci-ACCIDENTAL, SUICIDAL, OF MONICIDAL, OF as probably which surgical operation was undertaken. For viocte., when a definite disease can be ascertained as the "Collapse," "Coma," "Convulsions," "Debility" ("Con-Bronchopneumonia (secondary), 10 ds. Never report affection need not be stated unless important. calvular heart disease; Chronie interstitial nephritis, is less definite; avoid use of "Tumor" for malig-The contributory Always qualify all diseases resulting from Measles (disease causing death), 29 ds.; "Senile," cte.), (secondary or intereurrent) "Dropsy," "Exhaustion,"



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1 PLACE OF DEATH STATE OF MARYLAND CERTIFICATE OF DEATH Registration Dist. No. Ilf death occurred in .Ward) a hospital or institution, give its NAME instead of street and number. 1 PERSONAL AND STATISTICAL PARTICULARS MEDICAL CERTIFICATE OF DEATH 3 SEX 4 COLOR OR RACE 5 SINGLE, C 16 DATE OF DEATH MARRIED Zuhmen (Month) (Day ORDIVORCED (If rite the word) (Year) I HEREBY CERTIFY. That I attended deceased from 8 DATE OF BIRTH . 191..... to (Year) 7 AGE If LESS than and that death occurred on the date stated above, at 1 day, hrs. The CAUSE OF DEATH\* was as follows: OR ..... min. ? BOCCUPATION (a) Trade, profession, or particular kind of work. (b) General nature of industry, business, or establishment in (Duration) YIS.\_\_\_\_\_ds.\_\_\_ds. which employed (or amployer) BIRTHPLACE Contributory (State or country) Secondary 10 NAME OF FATHER S 11 BIRTHPLACE ARENT OF FATHER (State or country) \*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, OF HOMICIDAL. 12 MAIDEN NAME OF MOTHER 18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS) 13 BIRTHPLACE At place OF MOTHER (State or country) in the of death \_\_\_\_\_ yrs. \_\_\_ mos. \_\_\_ ds. State \_\_\_\_\_ yrs.\_\_\_ Where was disease contracted. 14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE If not at place of death? .. Former or (Informant) -usual residence PLACE OF BURIAL OR REMOVAL DATE OF BURIAL 15 ADDRESS REGISTRAR

f more blanks are needed, address State Registrar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

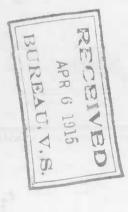
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[Approved by U. S. Census and American Public Health Association.]

eated thus: Farmer (retired 6 yrs.) For persons should be taken to report specifically the occupations duties of the household only (not paid Housekeepers statement. Never return "Laborer," who have no occupation whatever, write Nonc. CAUSING DEATH, state occupation at beginning of illbeen chauged or given up on account of the DISEASE Servant, Cook, Housemaid, etc. of persons engaged in domestic service for wages, as gainfully employed, as At school or At home. Care Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as minc, etc. fication as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise specimaterial worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. The It should be used only when needed. additional line is provided for the latter statement; the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Civil engineer, Stationary freman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, applies to each and every person, irrespective of age. ness of various pursuits can be known. The question tion is very important, so that the relative healthful-(a) Spinner, (b) Cotton mill; (a) Salesman, For many occupations a single word or term on the Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indl-Women at home, who are engaged in the If the occupation has As examples: "Foreman," (6)

Statement of cause of death—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic eerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) \*\*Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia unqualified, is indefinite): Tuberculesis of lungs, meninges, peritonaeum, etc., Carcin-

nant neoplasms); Measles; Whooping cough; Chronic injury, as fracture of skull, and consequences (e. g., ACCIDENTAL, SUICIDAL, or HOMICIDAL, or as probably mia," "PUERPERAL peritonitis," etc. State cause for childbirth or misearriage as "Puerperal septichaccause. Always qualify all diseases resulting from etc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness," thenla," "Anaemla" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "Asample: Meastes (disease causing death), 29 ds.; natural neart disease; Chronic interstitial nephritis, oma, Sarcoma, etc., of...... (name origin; "Canture of the American Medical Association.) cause of death approved by Committee on Nomencla-"Contributory." dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-accisuch, if impossible to determine definitely. Examples: LENT DEATHS State MEANS OF INJURY and qualify as which surgical operation was undertakeu. "Heart failure," "Haemorrhage," "Inauition," "Marasgeuital," "Senile," etc.), "Dropsy," "Exhaustlon," "Collapse," "Coma," "Couvulsions," "Debility" ("Con-Bronchopneumonia (secondary), 10 ds. Never report affection used not be stated unless important. by carbolic acid-probably suicide. The nature of the is less definite; avoid use of "Tumor" for malig-The contributory (secondary or intercurrent) tetanus) may be stated under the head of (Recommendations on statement of For VIO-



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#### state Very 10 should PHYSICIANS show Exact statement PERSONAL AND STATISTICAL PARTI EXACTLY. stated 6 DATE OF BIRTH classified. pe TAGE AGE should properly class GOCCUPATION (a) Trade, profession, or particular kind of work... carefully supplied. be (b) General nature of industry, business, or establishment in тау which employed (or employer) certificate. 9 BIRTHPLACE (State or country) 10 NAME OF FATHER 80 0 2 back S 11 BIRTHPLACE terms. ARENTS should OF FATHER (State or country) 0 12 MAIDEN NAME plain See instructions OF MOTHER Information Ë 13 BIRTHPLACE OF MOTHER of Inform DEATH (State or country) 14 THE ABOVE IS CAUSE OF Important. S (Informant) (Address) ..... 15 0

1 PLACE OF DEATH

(6	STATE OF MARYLAND CERTIFICATE OF DEATH Registration Dist, No.
de Eliza	beth Berthing [If death occurred in a hospital or institution, give its MAME instead of street and number.]
RTICULARS  DEC. Single	MEDICAL GERÍFICATE OF DEATH  16 DATE OF DEATH  MARCH  3, 1915
(Day (Year)  (Day hrs.  (Day min.?	(Month) (Day (Year)  13 I HEREBY CERTIFY. That I attended deceased from  March 1915, to March 3, 1916,  that I last saw her alive on March 3, 1915  and that death occurred on the date stated above, at \$\frac{45}{3} a.m.  The CAUSE OF DEATH* was as follows:  Pure Accidental
	(Duration) yrs. mos. 3 ds.
nd_	Secondary (Duration) yrs mos ds.
Berthing land t	(Signed) , M. D.  *State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, OR HOMICIDAL.  *SECONT RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENCE)

KNOWLEDGE

5 SINGLE. MARRIED,

(Month)

WIDOWED. ORDIVORC

20 UNDERTAKER

If not at place of death?

..... yrs. ...

Where was disease contracted.

\_\_\_ mos. .... ds.

CE OF BURIAL OR REMOVAL

In the

State \_

DATE OF BURIAL

mos.

ADDRESS

YES. ..

REGISTRAR If more blanks are needed, address State Registrar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

At place

Former or

usual residence.

[Approved by U. S. Census and American Public Health Association.]

should be taken to report specifically the occupations who receive a definite salary), may be entered as duties of the household only (not paid Housekeepers who have no occupation whatever, write None. cated thus: Farmer (retired 6 yrs.) For persous CAUSING DEATH, state occupation at beginning of illbeen changed or given up on account of the disease Servant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as gainfully employed, as At school or At home. Care Housewife, Housework, or At Home, and children, not mine, etc. fication as Day laborer, Farm laborer, Laborer-Cool "Manager," "Dealer," etc., without more precise specistatement. material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. (a) Spinner, (b) Cotton mill; (a) Salesman, it should be used only when needed. additional line is provided for the latter statement; the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nee-Civil engineer, Stationary fremon, etc. But iu many Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the applies to each and every person, irrespective of age. ness of various pursuits ean be known. The question tion is very important, so that the relative healthful-Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," As examples: "Foreman," The (d)

Statement of cause of death—Name, first, the disease causing death (the primary affection with respect to time and eausation), using always the same accepted term for the same disease. Examples: Cercbrospinal fever (the only definite synouym is "Epidemic eerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite): Tuberculesis of lungs, meninges, peritonacum, etc., Carcin-

mia," "PUERPERAL peritonitis," etc. State cause for childbirth or miscarriage as "Puerperal scptichoeetc., when a definite disease can be ascertained as the nant neoplasms); Measles; Whooping cough; Chronic cer" is less definite; avoid use of "Tumor" for maligoma, Sarcoma, etc., of..... (name orlgin; "Can-"Contributory." injury, as fracture of skull, and consequences (e. g., "Heart failure," "Haemorrhage," "Inanition," "Marasgenital," "Senile," etc.), "Dropsy," "Exhaustion," thenia," "Anaemia" (merely symptomatic), "Atropby," mere symptoms or terminal conditions, such as "As-Bronchopneumonia (secondary), 10 ds. Never report ample: Measles (disease causing death), 29 ds.; ture of the American Medical Association.) cause of death approved by Committee on Nomenclasepsis, tetonus) may be stated under the head of by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-accisuch, if impossible to determine definitely. Examples: ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF AS probably LENT DEATHS state MEANS OF INJURY and qualify as which surgical operation was undertaken. For vio-"Collapse," "Coma," "Couvulsions," "Debility" ("Conaffection need not be stated unless important. colvular heart disease; Chronic interstitial nephritis, The contributory "Old Age," "Shock," "Uraemia," "Weakness," Always qualify all diseases resulting from (Recommendations ou statement of (secondary or intercurrent)



RECORD	PHYSICIANS should state of OCCUPATION is very
WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT RECORD	N.B.—Every Item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in piain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

County A A County	3 105 STATE OF MARYLAND CERTIFICATE OF DEATH
Village or City anafolis (No. 50 No.	Registration Dist. No.  [If death occurred is a hospital or institution, give its NAME instead of street and nomber.]
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
married Colorod (Write the word)	16 DATE OF DEATH March 2, 1915  (Month) (Day (Year)  1 HEREBY CERTIFY, Phat I attended deceased from
Afril Makan, 1841 (Worth) (Day (Year)	that I last saw h um alive on March 12, 1915.
7 AGE  It LESS than 1 day,hrs. ORmin.?	and that death occurred on the date stated above, at
e occupation (a) Trade, profession, or particular kind of work.	Might Vision
(b) General nature of industry, business, or establishment in which employed (or omployer)	(Duration) / yrs. mas. ds.
(State or country) A. A. County Md	Secondary (Duration) yrs mos ds.
Lohn Dorlan	(Signed) 100 (Address) lung was the District Charles C
11 BIRTHPLACE OF FATHER (State or country) A. A. Country M.  12 MAIDEN NAME OF MOTHER Sarah Wallage	*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether Accidental, SUICIDAL, Or HOMICIDAL.  18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS.
13 BIRTHPLACE OF MOTHER (State or country) 4 . A Country  14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	At place In the of deathyrsmosds  Where was disease contracted.
(Interment) Narah & Boston Wife	If not at place of death?————————————————————————————————————
(Address) 50 North west 5	Brower Comelery mar 149, 1915
Filed March 14, 1915 FIRSTEAR  If more bianks are needed, address State Regis	J. Q adams amaßoliz tra, 6 E. Franklin St., Balto, Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Health
Association.]

who have no occupation whatever, write Nonc. cated thus: Farmer (retired 6 yrs.) For persons CAUSING DEATH, state occupation at beginning of illbeen changed or given up ou account of the disease Scrvant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. Care Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as duties of the household only (not paid Housekeepers minc, etc. fication as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise specistatement. material worked on may form part of the second Groccry; (a) Foreman, (b) Automobile factory. it should be used only when needed. additional line is provided for the latter statement; the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-(a) Spinner, (b) Cotton mill; (a) Salesman, Civil engineer, Stationary fireman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, applies to each and every person, irrespective of age. ness of various pursuits eau be known. The question tion is very important, so that the relative healthful-For many occupations a single word or term on the Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Never return "Laborer," Women at home, who are engaged in the As examples: "Foreman," (2)

Statement of cause of death—Name, first, the Disease Causing death (the primary affection with respect to time and eausation), using always the same accepted term for the same disease. Examples: Cercbrospinal fever (the only definite synonym is "Epidemic eerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) "Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite): Tuberculcists of lungs, meninges, peritonacum, etc., Carcin-

cause. Always qualify all diseases resulting from ture of the American Medical Association.) cause of death approved by Committee on Nomencla-"Contributory." Accidental drowning; Struck by railicay train-acci-LENT DEATHS State MEANS OF INJURY and qualify as mia," "Tuerreral peritonitis," etc. State cause for childbirth or misearriage as "Puerperal septichaeetc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness," thenia," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "As-Bronchopneumonia (secondary), 10 ds. Never report ample: Measics (disease eausing affection need not be stated unless important. nalvular heart disease; Chronic interstitial nephritis, oma, Sarcoma, etc., of...... (name origin; "Caninjury, as fracture of skull, and consequences (e. g., by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned such, if impossible to determine definitely. Examples: ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably which surgical operation was undertaken. "Heart failure," "Haemorrhage," "Inanition," "Maras-"Collapse," "Coma," "Convulsions," "Debility" ("Connant neoplasms); Measles; Whooping cough; Chronic is less definite; avoid use of "Tumor" for malig-The contributory (secondary or intercurrent) tetanus) may be stated under the head of "Senile," etc.), "Dropsy," "Exhaustion," (Recommendations on statement of death), 29 ds.; For vio-

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

APR 6 1915
BUREAU, V.S.

S. No.

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PHYSICIANS should of OCCUPATION is of information should be carefully supplied. AGE should be stated EXACTLY, is DEATH in plain terms, so that it may be properly classified. Exact statement PERMANENT UNFADING INK-THIS certificate. of on back See Instructions CAUSE OF Important.

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	* 6 7
Co	PLACE OF DEATH Sounty A. B. Co.
Vi	llage or City Augrolis Md (No. 79, 6
	FULL NAME Still born of h
	PERSONAL AND STATISTICAL PARTICULARS
35	EX COLOR OR RACE SINGLE, MARRIED, WIDDWED, ORDIVORGED
3 D	ATE OF BIRTH
	march 21, 1915
TA	GE (Month) (Day (Year)    If LESS than   day,hrs.
(a pa (b) bus	CCUPATION ) Trade, profession, or riticular kind of work
_	(State or country)
	10 NAME OF FATHER IN ALL QUE Brewer
ENTS	11 BIRTHPLACE OF FATHER (State or country) M. J. Jahon M.
PAREN	12 MAIDEN NAME OF MOTHER OF MOTHER
_	

STATE OF MARYLAND CERTIFICATE OF DEATH

		2 2.11
Registratio	n Dist.	No

-Ward)	[If death occurred in a hospital or institution.
	give its NAME instead

#### MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH	Marci	6 21	, 1915
MA 00 000 0 mp m m m m m m m m m m m m m m	(Month)	(Day	(Year)
17 I HERE!	BY CERTIFY, That	i attended de	ceased from
	191, to		, 191,
that I last saw h	alive on	*************	191
and that death occurred	on the date state	d above, at	m,
The CAUSE OF DEATH			
	- 00 1		
. Sui	ll bo	24	
no blessia	7	07/1	de
in frograce	an in	ann	once
	7 (Duration)	yrsn	10S 1s.
Contributory Secondary	**************************************		PP 420 Proprior op a de de destablishes (1880)
1	(Duration)	Yrs. /	nos ds.
(Signed)	3 Mg	lat.	P
1. /			4 M. J.
Man 2-2491)	(Address)	map	V46
*State the DISEASE	CAUSING DEATH, O	r. in deaths fro	om VIOLENT
CAUSES, state (1) ME TAL, SUICIDAL, or HON	ians of injury; a	nd (2) whether	er Acciden-
18 LENGTH OF RESIDE	NCE (FOR HOSPITALS	, INSTITUTIONS.	TRANSIENTS
OR RECENT RESIDENTS.	in the		
of death yrs, mo		yrs	mas de

At place of death yrs, mos, ds,	in the State	Yrs	mas	d
Where was disease contracted,		,	The state of the state of	

usual residence

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19 PLACE OF BURIAL OR REMOVAL

20 UNDERTAKER

DATE OF BURIAL

ADDRESS

If more blanks are needed, address State Registrar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

REGISTRAR

[Approved by U. S. Census and American Public Health Association.]

cated thus: Farmer (retired 6 yrs.) For persons mine, etc. who have no occupation whatever, write None. CAUSING DEATH, state occupation at beginning of illbeen changed or given up on account of the DISEASE Servant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. Care Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as duties of the household only (not paid Housekeepers fication as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise specistatement. Never return "Laborer," "Foreman," material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. (a) Spinner, (b) Cotton mill; (a) Salesman, it should be used only when needed. As examples: additional line is provided for the latter statement; the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b)cases, especially in industrial employments, it is nee-Civil engineer, Stationary freman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, applies to each and every person, irrespective of age. first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the ness of various pursuits can be known. The question tion is very important, so that the relative healthful-Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indl-Women at home, who are engaged in the (6)

Statement of cause of death—Name, first, the disease causing dearm (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic ecrebrospinal meningitis"); Diphtheria (avoid use of "Croup";) Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite): Tuberculesis of lungs, meninges, peritonacum, etc., Carcin-

childbirth or miscarriage as "Puerperal septichaenant neoplasms); Measles; Whooping cough; Chronic ture of the American Medical Association.) eause of death approved by Committee on Nomenelaschsis, tetanus) may be stated under the head of injury, as fracture of skull, and consequences (e. g., dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-accisuch, if impossible to determine definitely. Examples: ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF AS probably LENT DEATHS state MEANS OF INJURY and qualify as mia," "Tuerreral peritonitis," etc. State cause for etc., when a definite disease can be ascertained as the "Heart failure," "Haemorrhage," "Inanition," "Marasgenital," "Senile," etc.), "Collapse," "Coma," "Couvulsions," "Debility" ("Conthenia," "Anaemla" (mercly symptomatie), "Atrophy," mere symptoms or terminal conditions, such as "As-Bronchopneumonia (seeondary), 10 ds. Never report ralvular heart disease; Chronic interstitial nephritis, oma, Sarcoma, etc., of...... (name origin; "Can-"Contributory." by carbolic acid-probably suicide. The nature of the which surgical operation was undertaken. For vioaffection need not be stated unless important. is less definite; avoid use of "Tumor" for malig-The contributory "Old Age," "Shock," "Uraemia," "Weakness," Always qualify all diseases resulting from Measles (Recommendations ou statement of (disease causing death), 29 ds.; (secondary or intercurrent) "Dropsy," "Exhaustion,"



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Village or City Annuaco (No. 149.	STATE OF MARYLAND CERTIFICATE OF DEATH  Registration Dist, No. 2/  St.; Ward)  [If death occurred in a hospital or institution, give its NAME instead of street and number.]
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
Ferrale White Single, Married ORDIVORCED (Write the word)	(Month) (Day (Year)
OATE OF BIRTH  (Month)  (Day  (Year)  7 AGE	that I last saw here alive on Israel 24, 1915  and that death occurred on the date stated above, at 4.360
8 OCCUPATION (a) Trade, protession, or particular kind of work. (b) General nature of Industry, business, or establishment in which employed (or employer)	The CAUSE OF DEATH* was as follows:
9 BIRTHPLACE (State or country) a a land  10 NAME OF FATHER & dward land  11 BIRTHPLACE OF FATHER (State or country) Mary land	(Signed)  *State the DISEASE CAUSING DEATH, or, in deaths from VIOLEN CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.
13 BIRTHPLACE OF MOTHER OF MOTHER (State or country)  14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE (Informant)  (Informant)	The state of death?
(Address) Annapolis Ma 16 Filed March 28, 1915 - Amy Welch FIEGISTEAR	Usual residence  19 PLACE OF BURIAL OR REMOVAL  Cedar Sley Cent Mar 25., 1915  POUNDERTAKER  ADDRESS  Churcheols  gistrir, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Health Association.]

of persons engaged in domestie service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. Care who receive a definite salary), may be entered as mine, etc. "Manager," "Dealer," etc., without more precise specistatement. who have no occupation whatever, write None. cated thus: Farmer (retired 6 yrs.) For persons CAUSING DEATH, state occupation at beginning of illbeen changed or given up on account of the misease Servant, Cook, Housemaid, etc. If the occupation has Housewife, Housework, or At Home, and ehildren, not duties of the household only (not paid Housekeepers fication as Day laborer, Farm laborer, Laborer-Coal material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. (a) Spinner, (b) Cotton mill; (a) Salesman, it should be used only when needed. As examples: additional line is provided for the latter statement; the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Civil engineer, Stationary freman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, c. g., Farmer or Planter, For many occupations a single word or term on the applies to each and every person, irrespective of age. ness of various pursuits can be known. The question tion is very important, so that the relative healthful-Statement of occupation-Preeise statement of occupa-If retired from business, that faet may be indi-Women at home, who are engaged in the Never return "Laborer," "Foreman," (6)

Statement of cause of death—Name, first, the disease causing death—Name, first, the disease causing death—Name, affection with respect to time and causation), using always the same aecepted term for the same disease. Examples: Corobrospinal fever (the only definite synonym is "Epidemic eerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite): Tuberculosis of lungs, meninges, peritonacum, etc., Carcin-

nant neoplasms); Measles; Whooping cough; Chronic such, if impossible to determine definitely. Examples: mia," "PUERFERAL peritonitis," etc. State eause for childbirth or misearriage as "Puerperal septichacoma, Sarcoma, etc., of...... (name origin; "Canture of the American Medical Association.) cause of death approved by Committee on Nomencla-"Contributory." scpsis, tetanus) may be stated under the head of injury, as fracture of skull, and consequences (e. g., by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-acci-ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably LENT DEATHS State MEANS OF INJURY and qualify as which surgical operation was undertaken. For vioetc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness," "Heart failure," "Haemorrhage," "Inanition," "Maras-"Collapse," "Coma," "Convulsions," "Debility" ("Conthenia," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "As-Bronchopneumonia (secondary), 10 ds. affection need not be stated unless important. valvular heart disease; Chronic interstitial nephritis, is less definite; avoid use of "Tumor" for malig-The contributory (secondary or intercurrent) Always qualify all diseases resulting from Measles (disease causing death), 29 ds.; "Senile," etc.), "Dropsy," "Exhaustion," (Recommendations on statement of Never report



pinous PHYSICIANS shou St.;....Ward) RECORD PERSONAL AND STATISTICAL PARTICULARS statement PERMANENT 16 DATE OF DEATH 5 SINGLE. 4 COLOR OR RACE MARRIED. WIDOWED, ONIONIO Write the word) Exact 6 DATE OF BIRTH . 1914, to classified. (Month) (Day) (Year) If LESS than 7 AGE 1 day, ... hrs. OR .....min. ? roperly GE BOCCUPATION (a) Trade, profession, or K particular kind of work ā SERVE supplied. (b) General nature of industry. business, or establishment in UNFADING may which employed (or employer) certificate. Contributory 9 BIRTHPLACE (Secondary) carefully (State or country) that œ 10 NAME OF FATHER (Signed) of ARGIN WITH back 191 (Address) 11 BIRTHPLACE RENT terms should OF FATHER (State or country) TAL, SUICIDAL, OF HOMICIDAL. 12 MAIDEN NAME piain 4 OF MOTHER instructions of information DEATH in pials 18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS OR RECENT RESIDENTS) 13 BIRTHPLACE At place OF MOTHER of death ..... yrs. ..... mos. ..... ds. State or country Where was disease contracted. BEST OF MY KNOWLEDGE See It not at place of death?... Former or Item (Informant) -PO usual residence important. (Address) EVERY 15 20 UNDERTAKER 80 REGISTRAR

1 PLACE OF DEATH

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STATE OF MARYLAND CERTIFICATE OF DEATH

Registration Dist. No.

[It death occurred in a hospital or institution, give its NAME instead of street and number. 1

MEDICAL CERTIFICATE OF DEATH (Month) I HEREBY CERTIFY, That I attended deceased from that I last saw h callve on 3-10 1914 and that death occurred on the date stated above, at 3.70 4 m. The CAUSE OF DEATH \* was as follows: (Duration) \*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether Acciden-

In the State ..... yrs, \_\_\_\_ mos. \_\_\_ ds

DATE OF BURIAL

ADDRESS

If more blanks are needed, address State Regis trar, 6 E. Franklin St., Balto., Requesting V. S. No. 1

[Approved by U. S. Census and American Public Health
Association.]

cated thus: Farmer (retired 6 yrs.). CAUSING DEATH, state occupation at beginning of illbeen changed or given up on account of the DISEASE of persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. Care duties of the household only (not paid Housekeepers "Manager," "Dealer," etc., without more precise speciadditional line is provided for the latter statement; who have no occupation whatever, write None Servant, Cook, Housemaid, etc. If the occupation has Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as mine, etc. fication, as Day laborer, Farm laborer, Laborer-('oal statement. material worked on may form part of Grocery; (a) Foreman, (b) Automobile factory. it should be used only when needed. As examples: the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Civil engineer, Stationary freman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., For many occupations a single word or term on the applies to each and every person, irrespective of age ness of various pursuits can be known. The question tion is very important, so that the relative healthful-(a) Spinner, Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," "Foremun," (b) Cotton mill; (a) Salcsman, Farmer or Planter, For persons the second (d)

Statement of cause of death—Name, first, the disease causing death—Name, first, the disease to time and causation), using always the same accepted term for the same disease. Examples: Cercbrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite); Tuberculosis of lungs, meninges, peritonacum, etc.. Carcin-

such, if impossible to determine definitely. mia," "I'UERPERAL peritonitis," etc. cause of death approved by Committee on Nomenclasepsis, tetanus) may be stated under the head of injury, as fracture of skull, and consequences (e. g., dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-acci-LENT DEATHS state MEANS OF INJURY and qualify as which surgical operation was undertaken. For viochildbirth or miscarriage as "Puerperal septichae cause. etc., when a definite disease can be ascertained as the mus," "Old Age," "Shock." genitai," "Collapse." "Coma," "Convulsions," "Debility" ("Connant neoplasms); Measles; Whooping cough; Chronic ture of the American Medical Association.) "Contributory." by carbolic acid-probably suicide. The nature of the ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF AS probably -hart failure," "Haemorrhage," "Inanition." "Marasthenia," "Anaemia" (mcrely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "Asample: Meastes (disease causing affection need not be stated unless important. valvular heart disease; Chronic interstitial nephritis er" is less definite; avoid use of "Tumor" for mails oma. Sarcoma. etc., of Bronchopncumonia (secondary), 10 ds. Never report The contributory Always qualify all diseases resulting from "Senile." etc.), "Dropsy," "Exhaustion," (Recommendations on statement of (secondary or intercurrent; 'Traemia," "Weakness," (name origin; "Candeath), 29 ds.: State cause for Examples:



N. B.

1 PLACE OF DEATH County Anne Arundel	STATE OF MARYLAND CERTIFICATE OF DEATH
Village or City Navi Jeon (No. Lle,	Registration Dist. No.  St.; Ward)
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
Finale hegro Single, MARRIED, WIDDWED, DRIVERGED ORDIVERGED ORDIVERGED (Write the word)	16 DATE OF DEATH March 16/h 1915 (Month) (Day (Year)
6 DATE OF BIRTH March 15th 1918	17 I HEREBY CERTIFY, That I aftended deceased from
**Month) (Day (Year)  7 AGE    If LESS than   1 day,hrs.	and that death occurred on the date atated shove, at / 20/m.  The CAUSE OF DEATH* was as follows:  The CAUSE OF DEATH* was
11 BIRTHPLACE OF FATHER (State or country)  12 MAIDEN NAME OF MOTHER  13 BIRTHPLACE OF MOTHER (State or country)	*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, OF HOMICIDAL.  18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)  At place  In the
(Informant) (Address) Lav. Son v. Cle Sho	where was disease contracted, if not at place of death?  Former or usuai residence.  19 PLACE OF BURIAL OR REMOVAL  AND ONLY INC. ADDRESS  ADDRESS
If more blanks are needed, address State Regist	rar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Health Association.]

eated thus: Farmer (retired 6 yrs.) For persons who have no occupation whatever, write None. CAUSING DEATH, state occupation at beginning of illshould be taken to report specifically the occupations gainfully employed, as At school or At home. Care Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as duties of the household only (not paid Housekeepers been changed or given up on account of the disease Servant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as mine, ctc. fication as Day laborer, Farm laborer, Laborer "Manager," "Dealer," ctc., without more precise specistatement. material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. The (a) Spinner, (b) Cotton mill; (a) Salesman, it should be used only when needed. additional line is provided for the latter statement; the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Civil engineer, Stationary fireman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the applies to caeh and every person, irrespective of age. ness of various pursuits can be known. The question tion is very important, so that the relative healthful-Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," As examples: "Foreman," (6)

Statement of cause of death—Name, first, the disease causing death—(the primary affection with respect to time and eausatiou), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pnenmonia," unqualified, is indefinite): Tuberculesis of lungs, meninges, peritonaeum, etc., Carcin-

ture of the American Medical Association.) sepsis, tetanus) injury, as fracture of skull, and consequences (e. g., by carbolic acid-probably suicide. The nature of the Aecidental drowning; Struck by railway train-accisuch, if impossible to determine definitely. Examples: ACCIDENTAL, SUICIDAL, OF HOMICIDAL, or as probably LENT DEATHS State MEANS OF INJURY and qualify as which surgical operation was undertaken. For viomia," "Puerperal peritonitis," etc. State cause for childbirth or miscarriage as "Puerperal septichaeetc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness," "Heart failure," "Haemorrhage," "Inanition," "Maras-"Collapse," "Coma," "Convulsions," "Debility" ("Conthenia," "Anaemia" (merely symptomatie), "Atrophy," mere symptoms or terminal conditious, such as "As-Bronchopneumonia (secondary), 10 ds. ample: Measles (disease cansing death), 29 ds.; affection need not be stated unless important. valvular heart disease; Chronic interstitial nephritis, nant neoplasms); Measles; Whooping cough; Chronic oma, Sarcoma, etc., of...... (name origin; "Cancanse of death approved by Committee on Nomeucla-"Contributory." dent; Revolver wound of head-homicide; Poisoned is less definite; avoid use of "Inmor" for malig-The contributory (secondary or intercurrent) Always qualify all diseases resulting from "Senilc," ctc.), (Recommendations on statement of may be stated under the head "Dropsy," "Exhaustion," Never report



STATE OF MARYLAND PHYSICIANS t statement of CERTIFICATE OF DEATH Registration Dist. No. If death occurred in .....Ward) EXACTLY. P a hospital or institution, give its NAME instead of street and number. ] <sup>2</sup> FULL NAME RECORD properly classifled PERSONAL AND STATISTICAL PARTICULARS MEDICAL CERTIFICATE OF DEATH SINGLE, 16 DATE OF DEATH 3 SEX 4 COLOR OR RACE stated MARRIED, PERMANENT Ulu WIDOWED OR DIVORCED (Write the word) (Day) (Year) certificate, I HEREBY CERTIFY. That I attended deceased from 6 DATE OF BIRTH should pe alive on (Year) If LESS than 7 AGE may and that death occurred on the date stated above, at S ш 1 day. O hrs. G The CAUSE OF DEATH # was as follows: THIS min. ? d <u>ئ</u>ية .... that 8 OCCUPATION
(a) Trade, profession, or supplied. 0 instructions particular kind of work X 0 (b) General nature of industry TIS, UNFADING business, or establishment in > which employed (or employer ter careful Contributory 9 BIRTHPLACE lain (State or country) 9 SP 10 NAME OF þe C WITH Hould ATH important. 11 BIRTHPLACE ENT (State or country) \*State the DISEASE CAUSING DEATH, or, in deaths from Ways PLAINLY, on tal Causes, state (1) Means or Injury; and (2) whether Accur of information e CAUSE OF D Œ 12 MAIDEN NAME SUICIDAL OF HOMICIDAL 4 OF MOTHER 18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, very 13 BIRTHPLACE At place In the OF MOTHER WRITE Stale. .....yrs. ..... S ot death (State or country should state CAI Where was disease contracted, it not al place of death? Former or usual residence 19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL Address 15 20 UNDERTAKER ADDRESS Flied 0 REGISTRAR Z If more blanks are needed, address State Registrar, 16 W. Saratoga St., Balto., Requesting V. S. No. 1.

PLACE OF DEAT

BINDIN

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[Approved by U. S. Census and American Public Health Association.]

write None. business, that fact may be indicated thus: Farmer (retired state occupation at beginning of illness. or given up on account of the disease causing dearn, Housemoid, etc. If the occupation has been changed engaged in domestic service for wages, as Servant, Cook, taken to report specifically the occupations of persons employed, as At school or At home. Care should be wife, Housework, or At Home, and children, not gainfully who receive a definite salary), may be entered as Housethe duties of the household only (not paid Housekeepers precise specification as Day laborer, Farm laborer, Laborer "Foreman," "Manager," "Dealer," etc., without more mobile factory. mill; (a) Salesman, (b) Grocery; (a) Foreman, only when needed. As examples: (a) Spinner, (b) Cotton is provided for the latter statement; it should be used business or industry, and therefore an additional line know (a) the kind of work and also (b) the nature of the especially in industrial employments, it is necessary to engineer, Stationary fireman, etc. But in many cases, first line will be sufficient, e. g., Farmer or Planter, Physi-For many occupations a single word or term on the applies to each and every person, irrespective of age ness of various pursuits can be known. The question -Statement of Occupation-Precise statement of occupa--Coal mine, etc. Women at home, who are engaged in the second statement. is very important, so that the relative healthful-Compositor, Architect, For persons who have no occupation whatever, The material worked on may form part Never return "Laborer," Locomotive engineer, If retired from (b) Auto-

Statement of Cause of Death—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid intermedia"); Lobur pneumonia, Bronchopneumonia ("Themponia"); unqualified, is indefinite); Tuberculosis of lungs, menun-

state MEANS OF INJURY and qualify as mus," "Old Age," "Shock," "Uracnia," "Weakness," "Anaemia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Conchopneumonia (secondary), 10 ds. cough; Chronic valvular heart discose; Chronic interstitial on statement of cause of death approved by Committee under the head of "Contributory." and consequences (e. g., sepsis, tetanus) may be stated SUICIDAL, or HOMICIDAL, or as probably such, if impossible surgical operation was undertaken. For violent deathis etc., when a definite disease can be ascertained as the symptoms or terminal conditions, such as "Asthenia," nephritis, etc. "Tumor" for malignant neoplasms); Measles; Wheoping on Nomenclature of the American Medical Association.) suicide. The nature of the injury, as fracture of skull, head-homicide; Poisoned by carbolic acid-probably Struck by railway train-accident; Revolver to determine definitely. Examples: Accidental drowning, "PUERPERAL peritonitis," etc. cause. Always qualify all diseases resulting from child-"Heart failure," "Haemorrhage," "Inanition," "Marasgenital," "Senile," etc.), "Dropsy," Example: Measles (disease causing death), 29 ds.; Bronrent) affection need not be stated unless important. or miscarriage as "Puerperal septichuemia," The contributory (secondary or intercur-State cause for which Never report mere (Recommendations "Exhaustion," ACCIDENTAL, to munou

If the certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

BUREAU. V.S.



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RECOR	PHYSICIA of OCCU
WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT RECORD	3.—Every Item of Information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH In plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.
UNFADING	carefully supp that it may certificate.
E PLAINLY, WITH	Every Item of information should be carefully supplied. CAUSE OF DEATH in plain terms, so that it may be primportant. See instructions on back of certificate.
WRITE	CAUSE OF DEA

1 PLACE OF DEATH County C

#### STATE OF MARYLAND CERTIFICATE OF DEATH

Registration Dist. No.....

[If death occurred in

FULL NAME andrew	Crear and number.
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
Make 4 COLOR OR RACE SINGLE, MARRIED, SC. WIDOWED, OR DIVORCED (Write the word)	16 DATE OF DEATH 3 9 , 1918 (Month) (Day) (Year)
B DATE OF BIRTH  (Month) (Day)  7 AGE	If LESS than day, hrs.  If CAUSE OF DEATH* was as follows:
(a) Trade, profession, or particular kind of work.  (b) General nature of Industry, business, or establishment in which employed (or employer)	Sealif Flever  (Duration) yrs. mos. ds.
9 BIRTHPLACE (State or country)  10 NAME OF FATHER Clenton Can  11 BIRTHPLACE OF FATHER (State or country)  12 Mail or country  12 Mail of MOTHER OF MOTHER  A OF MOTHER	Contributory (Secondary)  (Buration) yrs mos ds.  (Signed) 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4
of Mother Carey  13 BIRTHPLACE OF MOTHER (State or country)  14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLES (Informant)	18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS) At place in the of death yrs, mos, ds. State yrs, mos, ds
	19 PLACE OF BURIAL OR REMOVAL  ALLOW MAM Cecular, 3/9,, 1919  20 UNDERTAKER  ADDRESS  EGISTRAR  Legis trar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

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[Approved by U. S. Census and American Public Health Association.]

duties of the household only (not paid Housekeepers who have no occupation whatever, write None. cated thus: Farmer (retired 6 yrs.). CAUSING DEATH, state occupation at beginning of illbeen changed or given up on account of the oisease Servant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. Care Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as fication, as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise specistatement. material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. it should be used only when needed. additional line is provided for the latter statement; the nature of the business or industy; and therefore an cases, especially in industrial employments, it is nec-Civil engineer, Stationary Areman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, applies to each and every person, irrespective of age minc, etc. essary to know (a) the kind of work and also (b) first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the ness of various pursuits can be known. The question tion is very important, so that the relative healthful-Statement of occupation-Precise statement of occupa-Spinner, (b) Cotton mill; (a) Salesman. If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," "Foreman," As examples: For persons The (6)

Statement of cause of death—Name, first, the disease causing death—Is respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite); Tuberculosis of lungs, meninges, peritonaeum, etc.. Carcin-

sepsis, tetanus) may be stated under the head of injury, as fracture of skull, and consequences (e. g., mia," "PUERPERAL peritonitis," etc. cause. Always qualify all diseases resulting from genital," "Senile," etc.), "Dropsy," "Exhaustion," thenia," "Anaemia" (merely symptomatic), "Atrophy," "Collapse." "Coma," "Convulsions," "Debility" ("Connear neoplasms); Measles; Whooping cough; Chronic ture of the American Medical Association.) cause of death approved by Committee on Nomencia-"Contributory." by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide: Potsoned Accidental drowning; Struck by railway train-accisuch, if impossible to determine definitely. ACCIDENTAL. SUICIOAL, OF HOMICIDAL, OF as probably LENT DEATHS STATE MEANS OF INJURY and qualify as which surgical operation was undertaken. For viochildbirth or miscarriage, as "Purrent septichae etc., when a definite disease can be ascertained as the "Hart failure," "Haemorrhage," "lnanition," "Maras mere symptoms or terminal conditions, such as "A" Bronchopncumonia (secondary), 10 ds. Never report affection need not be stated unless important. valvular heart disease; Chronic interstitial arphritis oma. Sarcoma. etc., of is less definite; avoid use of "Tumor" for malig The contributory "Old Age." "Shock." 'Traemia," "Weakness," Measles (disease causing (Recommendations on statement of (secondary or intercurrent) (name origin; "Can death), 29 ds.; State cause for Examples:



RECORD	PHYSICIANS should to of OCCUPATION IS
WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT RECORD	id be stated EXACTLY.
DING INK-THIS	supplied. AGE shoumay be properly cla
ILY, WITH UNFA	ain terms, so that it
WRITE PLAIN	Eyery item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is important. See instructions on back of certificate.

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state

3 SEX

TAGE

PARENTS

15

S DATE OF BIRTH

BOCCUPATION (a) Trade, profession, or

particular kind of work.

9 BIRTHPLACE (State or country)

10 NAME OF FATHER

11 BIRTHPLACE

OF FATHER

(b) General nature of industry,

business, or establishment in

which employed (or employer) .....

iel (	STATE OF MARY CERTIFICATE OF Registration Dist.	DEATH
us (No.	St.;Ward)	[If death occurred in a hospital or institution, give its NAME Instead of street and number.]
PARTICULARS	MEDICAL CERTIFICATE OF	DEATH
(Day (Year)  If LESS than t day,hrs.	(Month)  17  i HEREBY CERTIFY, That i a  Jon 7  i 1915, to June 1  that I last saw h alive on June 1  and that death occurred on the date stated al  The CAUSE OF DEATH* was as follows:	thended deceased from 1915.  22 , 1915.  bove, at 6.39 P. m.
ife	piced & Frberco De left Dling (Duration)	loris of
udel bohd	(Signed) A Thur Wille Mond 23, 191 5 (Address) Sen	

(State or country)

12 MAIDEN NAME OF MOTHER 13 BIRTHPLACE OF MOTHER (State or country)

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

1 PLACE OF DEATH

FULL NAME

PERSONAL AND STATISTICAL F

4 COLOR OR RACE

(Month)

(Intermant)

REGISTRAR /

\*State the Disease Causing Death, or, in death from Violent Causes, state (1) Means of Injury; and (2) whether Accidental, Suicidal, or Homicidal.

18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS,

In the

State \_\_\_\_\_ yrs, \_\_\_\_ mos. \_\_\_\_ ds

At place

Former or

usual residence.

OR RECENT RESIDENTS)

Where was disease contracted. It not at place of death?...

of death ...... yrs. ..... mos. .... ds.

If more blanks are needed, address State Registrar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Health Association.]

duties of the household only (not paid Housekeepers (0) tion is very important, so that the relative healthfulcated thus: been changed or given up on account of the disease of persons engaged in domestie service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. Care Housewife, Housework, or At Home, and ehildren, not who receive a definite salary), may be entered as fleation as Day laborer, Farm laborer, Luborer "Manager," "Dealer," ete., without more precise specistatement. material worked on may form part of Grocery; (a) Foreman, (b) Automobile factory. The it should be used only when needed. As examples: additional line is provided for the latter statement; the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nee-Civil engineer, Stationary fireman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, For many oecupations a single word or term on the applies to each and every person, irrespective of age. ness of various pursuits ean be known. The question who have no occupation whatever, write None. CAUSING DEATH, state occupation at beginning of ill-Servant, Cook, Housemaid, etc. If the occupation has Statement of occupation-Precise statement of occupa-Spinner, If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," Farmer (retired 6 yrs.) For persons (b) Cotton mill; (a) Salesman, "Foreman," the second

Statement of cause of death—Name, first, the disease causing death—Name, first, the disease causing death—Name affection with respect to time and eausation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemie eerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) Typhoid fever (never report "Typhoid disease). Lodar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite): Tuberculesis of lungs, meninges, peritonaeum, etc., Carcin-

valvular heart disease; Chronic interstitial nephritis, nant neoplasms); Measles; Whooping cough; Chronic cer" is less definite; avoid use of "Tumor" for maligample: Measles (disease causing death), 29 ds.; affection need not be stated unless important. oma, Sarcoma, etc., of...... (name origin; "Canmia," "PUERPERAL peritonitis," etc. childbirth or misearriage as "Puerperal septichaeete., when a definite disease ean be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness," "Heart failure," "Haemorrhage," "Inanition," "Marasgenital," "Senile," etc.), "Dropsy," "Exhaustion," "Collapse," "Coma," "Convulsions," "Dehility" ("Conthenia," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal eonditions, such as "As-Bronchopneumonia (secondary), 10 ds. cause of death approved by Committee on Nomenela-"Contributory." (Recommendations on statement of sepsis, tetanus) may be stated under the head injury, as fracture of skull, and consequences (e. g., by carbolic acid-probably suicide. The nature of the dent; Revolver round of head-homicide; Poisoned Accidental drowning; Struck by railway train-accisuch, if impossible to determine definitely. Examples: ACCIDENTAL, SUICIDAL, or HOMICIDAL, or as probably LENT DEATHS state MEANS OF INJURY and qualify as which surgical operation was undertaken. ture of the American Medical Association.) The contributory (secondary or intercurrent) Always qualify all diseases resulting from State cause for Never report For vio-Ex-

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.



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Instructions pial

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#### STATE OF MARYLAND PLACE OF DEATH CERTIFICATE OF DEATH Registration Dist. No. Ilf death occurred in St.: Ward) a hospital or institution, give its NAME instead of street and number. 1 <sup>2</sup> FULL NAME MEDICAL CERTIFICATE OF DEATH PERSONAL AND STATISTICAL PARTICULARS 16 DATE OF DEATH 5 SINGLE. 3 SEX 4 COLOR OR RACE MARRIED. WIDOWED. (Day) Write the word) HEREBY CERTIFY. That I attended deceased from 6 DATE OF BIRTH (Month) (Day) (Year) 7 AGE if LESS than and that death occurred on the date stated above, at 6 f day, ..... hrs. The CAUSE OF DEATH\* was as follows: OR ..... 7 BOCCUPATION (a) Trade, protession, or particular kind of work. (b) General nature of industry. business, or establishment in which employed (or employer) -----Contributory..... 9 BIRTHPLACE (Secondary) (State or country) (Duration) 10 NAME OF FATHER (Signed) 11 BIRTHPLACE ... (Address) ENT OF FATHER (State or country \*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDEN-02 12 MAIDEN NAME TAL, SUICIDAL, OF HOMICIDAL. ₹ OF MOTHER 18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS OR RECENT RESIDENTS) 13 BIRTHPLACE At place OF MOTHER (State or country) of death \_\_\_\_\_ yrs. \_\_\_\_ mos. \_\_\_\_ ds. State Where was disease contracted. if not at place of death?.... Former or usual residence 15

more blanks are needed, address State Registrar, & E. Franklin St., Balto., Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Health Association.]

who have no occupation whatever, write None. cated thus: Farmer (retired 6 yrs.). ness. If retired from business, that fact may be indi-CAUSING DEATH, state occupation at beginning of ilibeen changed or given up on account of the DISEASE of persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. who receive a definite salary), may be entered as duties of the household only (not paid Housekeepers fication, as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise specistatement. material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. The it should be used only when needed. additional line is provided for the latter statement; cases, especially in industrial employments, it is nec-Civil engineer, Stationary freman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., applies to each and every person, irrespective of age. Servant, Cook, Housemaid, etc. If the occupation has Housewife, Housework, or At Home, and children, not minc, etc. (a) Spinner, (b) Cotton mill; (a) Salesman, the nature of the business or industry; and therefore an essary to know (a) the kind of work and also (b) For many occupations a single word or term on the ness of various pursuits can be known. The question Statement of occupation-Precise statement of occupais very important, so that the relative ...ealthful-Women at home, who are engaged in the Never return "Laborer," Farmer or Planter, As examples: For persons "Foreman," (6)

Statement of cause of death—Name, first, the disease causing death—Name, first, the disease causing divays the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia," unqualified, is indefinite); Tuberculosis of lungs, meninges, peritonaeum, etc... Carcinosis of lungs, meninges, peritonaeum, etc...

cause of death approved by Committee on Nomencia sepsis, tetanus) may be stated under the head of dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-accisuch, if impossible to determine definitely. LENT DEATHS State MEANS OF INJURY and qualify as which surgical operation was undertaken. For viomia," "Puerperal peritonitis," etc. State cause for childbirth or miscarriage, as "Puerperal septichaeetc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness," genital," "Senlle," etc.), "Dropsy," "Exhaustion," "Collapse." "Coma," "Convulsions," "Debility" ("Conample: Mcastes (disease causing death), 29 ds :: affection need not be stated unless important. valvular heart disease; Chronic interstitial nephritiu nant neopiasms); Measles; Whooping cough; Chronic ture of the American Medical Association.) "Contributory." injury, as fracture of skull, and consequences (e. g., by carbolic acid-probably suicide. The nature of the ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF AS probably "Heart failure," "Haemorrhage," "Inanition," "Maras thenia," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "As Bronchopneumonia (secondary), 10 ds. Never report oma. Surcoma. etc., of is less definite; avoid use of "Tumor" for malig The contributory (secondary or Intercurrent) Always qualify all diseases resulting from (Recommendations on statement of (name origin; "Can Examples:



N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSIGIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exect statement of OCCUPATION is very important. See instructions on back of certificate. A PERMANENT RECORD BINDING WRITE PLAINLY, WITH UNFADING INK-THIS IS FOR RESERVED MARGIN

	3114
PLACE OF DEATH	STATE OF MARYLAND
County A 1 A	CERTIFICATE OF DEATH
County 24	Registered No. 2/
Village or City Skidmore (No. 100)	St; Ward)  [If death occurred in a hospital or institution, give its NAME instead of street and number.]
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 CTV 4 COLOR OF PACE   SSINGLE, SINGLE	16 DATE OF DEATH 1 1 17'6
MIDOWED,	(Month) (Day) (Year)
heale Colored (Write the word)	17 I HEREBY CERTIFY, That I sttended deceased from
6 DATE OF BIRTH	huch 9 1915 to mich 7 1915
(Month (Day) (Year)	that I last saw h Low alive on Juck 7 1915
7 AGE It LESS than	and that death occurred on the date stated above, at 12 Pr. m.
yrsmos. 26 ds.   1 day,hrs.   ORmin. ?	The CAUSE OF DEATH* was as follows:
BOCCUPATION	Unibical Hemorrhage
(a) Trade, protession, or particular kind of work	musical francisco
(b) General nature of industry,	
business, or establishment in which employed (or employer)	(Doration) yrs. mos. 3 de
9 BIRTHPLACE (State or country) A, A, Co. Find	(Secondary) (Deration) yrs mos ds
10 NAME OF FATHER AP	4 1 0'
Thorney Colbert	(Signed) J. D. M. D.
State or country) A. A. Co. Zud.	*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT
12 MAIDEN NAME OF MOTHER Lilian, he & haven	CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, OF HOMICIDAL.  18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS,
13 BIRTHPLACE OF MOTHER (State or country) Amalolis Int.	OR RECENT RESIDENTS)  At place in the or ot death yrs. mos. ds. State yrs, mos. ds.
14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	Where was disease contracted, it not at place of death?
interment Level & many	Former or
Olli mante ald	usual residence
(Address) Skillmore Mi.	19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL
Flied March of 1915 Ams Welch	20 UNDERTAKER ADDRESS
REGISTRAR	pas & Laylor Bono Onnapoli
If more blanks are needed, address State Registra	6 E. Franklin St., Balto., Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Health Association.]

of persons engaged in domestic service for wages, as dutles of the household only (not paid Housekeepers "Manager," "Dealer," etc., without more precise speciit should be used only when needed. As examples: (a) Spinner, (b) Cotton mill; (a) Salesman, (b) who have no occupation whatever, write None. cated thus: Farmer (retired 6 yrs.). CAUSING DEATH, state occupation at beginning of Illbeen changed or given up on account of the disease Scrvant, Cook, Housemaid, etc. If the occupation has should be taken to report specifically the occupations gainfully employed, as At school or At home. Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as minc, etc. fication, as Day laborer, Farm laborer, Laborer-Coal statement. material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. additional line is provided for the latter statement; the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, applies to each and every person, irrespective of age. ness of various pursuits can be known. The question Civil engineer, Stationary freman, etc. But in many For many occupations a single word or term on the tion is very important, so that the relative healthful-Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," For persons As examples: "Foreman,"

Statement of cause of death—Name, first, the disease causing death—(the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia"); Lodar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite); Tuberculosis of lungs, meninges, peritonacum, etc.. Carcinosis

"Contributory." scpsis, tctanus) may be stated under the head of lnjury, as fracture of skull, and consequences (e. g., by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Potsoned Accidental drowning; Struck by railway train-accisuch, if impossible to determine definitely. LENT DEATHS state MEANS OF INJURY and qualify as mia," "Tuerperal peritonitis," etc. childlifth or miscarriage as "Puerperal septichaeetc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness," "Ilcart fallure," "Haemorrhage," "Inanition," "Marasgenital," "Senile," etc.), "Dropsy," "Exhaustion," thenia," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "Asample: Measles (disease causing death), 29 ds.; affection need not be stated unless important. nant neoplasms); Measles; Whooping cough; Chronic cer" is less definite; avoid use of "Tumor" for mally oma. Sarcoma. etc., of ture of the American Medical Association.) cause of death approved by Committee on Nomencla-ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF AS probably which surgical operation was undertaken. For vro-"Collapse." "Coma," "Convulsions," "Debility" ("Convalvular heart disease; Chronic interstitial nephritis. Bronchopncumonia (secondary), 10 ds. Never report The contributory Always qualify all diseases resulting from (Recommendations on statement of (secondary or intercurrent) (name origin; "Can State cause for Examples:



MARGIN

1 PLACE OF DEATH	STATE OF MARYLAND
County anne limedel	CERTIFICATE OF DEATH
VIIIage or City Dorets Revel (No. 2 FULL NAME Sallie G. Collman	Registered No. St; Ward)  St; Ward)  [If death oc a hospital or ligive its NAME of street and n
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
Female White Single, MARRIED, WIDOWED, ORDIVORCED (Write the word)	16 DATE OF DEATH  (Month)  (Day)  (Y  17  I HEREBY CERTIFY, That I attended decease
ahril (Month) 8 (Day) /840 (Year)	gon, 23 , 1915, to March #4 , that I last saw h allve on Moren 4,
TAGE  If LESS than 1 day, hrs.  OR min.?	and that death occurred on the date stated above, at 8. P., The CAUSE OF DEATH* was as follows:
(a) Trade, profession, or particular kind of work.  (b) General nature of industry, business, or establishment in which employed (or employer)  BIRTHPLACE (State or country) Anne Armodel	Contributory Sology (Secondary) (Duration) yrs. mos.
10 NAME OF Folid Collinson  11 BIRTHPLACE Conne Council  OFFATHER  (State or country)  12 MAIDEN NAME  Sahali Sundh	(Signed) A. Alm Carllings Price  *State the Disease Causing Death, or, in deaths from Vic Causes, state (1) Means of Injury; and (2) whether Acc Tal, Suicidal, or Homicidal.
of Mother Ballings  13 BIRTHPLACE OF MOTHER (State or country)	18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRAN OR RECENT RESIDENTS) At place In the of death yrs
(Interment) Island Collinson of John	Where was disease contracted, It not at place of death? Former or usual residence
(Address) Possetto Russ  15  Filed March 5, 1916 John Collabor REGISTRAR	19 PLACE OF BURIAL OR REMOVAL DATE OF BURIA  16 Apr Chapel March 7  20 UNDERTAKER ADDRESS  Chaney & Suit 1591811

3110

STATE OF MARYLAND

[Approved by L. S. Census and American Public Health Association.]

who have no occupation whatever, write None. cated thus: Farmer (retired 6 yrs.). For persons CAUSINO DEATH, state occupation at beginning of ill-Servant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as should be taken to report specifically the occupations been changed or given up on account of the DISEASE gainfully employed, as At school or At home. Care wbo receive a definite salary), may be entered as duties of the household only (not paid Housekeepers "Manager," "Dealer," etc., without more precise speci-Housewife, Housework, or At Home, and children, not mine, etc. fication, as Day laborer, Farm laborer, Laborer-Coal statement. material worked on may form part of the second Groccry; (a) Foreman, (b) Automobile factory. The additional line is provided for the latter statement; (a) Spinner, (b) Cotton mill; (a) Salesman, (b) it should be used only when needed. the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Civil engineer, Stationary freman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the applies to each and every person, irrespective of age. ness of various pursuits can be known. The question tion is very important, so that the relative healthfui-Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," "Foreman," As examples:

Statement of cause of death—Name, first, the disease causing death—Name, first, the disease causing death—Name, first, the disease to time and causation), using always the same accepted term for the same disease. Examples: Cercbrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite); Tuberculosis of lungs, meninges, peritonaeum, etc... Carcin-

"Contributory." scpsis, tetanus) ture of the American Medicai Association.) cause of death approved by Committee on Nomenclainjury, as fracture of skuii, and consequences (e. g., by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-accisuch, if impossible to determine definitely. ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably LENT DEATHS State MEANS OF INJURY and qualify as which surgical operation was undertaken. For viomia," "PUERPERAL peritonitis," etc. State cause for childbirth or miscarriage, as "Puenperal septichaeetc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness," "Heart failure," "Haemorrhage," "Inanition," "Marasgenitai," "Senile," etc.), "Collapse." "Coma," "Convuisions," "Debility" ("Conthenia," "Anaemia" (merely symptomatic), "Atrophy," ample: Measles (disease causing death), 29 ds.; valvular heart disease; Ohronic interstitial nephritis. cer" is less definite; avoid use of "Tumor" for mails. mere symptoms or terminal conditions, such as "As-Bronchopneumonia (secondary), 10 ds. Never report affection need not be stated unless important. nant neoplasms); Measles; Whooping cough; Chronio oma. Sarcoma. etc., of \_ The contributory (secondary or intercurrent) Always qualify all diseases resulting from (Recommendations on statement of may be stated under the head "Dropsy," "Exhaustion," (name origin; "Can-Examples:



#### 5. 1.

N.B

#### ated EXACTLY. PHYSICIANS should state Exact statement of OCCUPATION is very PERMANENT stated EXACTLY. of Information should be carefully supplied. AGE should be st DEATH in plain terms, so that it may be properly classified. See instructions on back of certificate. 4 UNFADING INK-THIS IS WRITE PLAINLY, WITH CAUSE OF Important. S

1 PLACE OF DEATH

ty anne Brundel.



3110

#### STATE OF MARYLAND CERTIFICATE OF DEATH

Registration Dist. No. 4-/

[If death occurred to a hospital or institution, give its NAME instead of street and number.]

FULL NAME Cook

MEDICAL CERTIFICATE OF DEATH	
16 DATE OF DEATH  (Month)  (Day  (Year)	
17 I HEREBY CERTIFY, That I attended deceased from	
and that death occurred on the date stated above, at	
Steef Bull (Ouration) yrs. mos. ds.	
Gontributory Secondary (Duration) yrs mos ds.	
*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury; and (2) whether Accidental, Suicidal, or Homicidal.	
18 LENGTH OF RESIDENCE (FOR HOSPITALS; INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS) At place In the of death yrs. mos. ds. State yrs, mos. ds Where was disease contracted, If not at place of death? Former or	
19 PLACE OF BURIAL OR REMOVAL  Mr. Cormel Church Mark 5. 131 J.  20 UNDERTAKER  Denny L armstrony- Balto. Ma	

[Approved by U. S. Census and American Public Health Association.]

cated thus: CAUSING DEATH, state occupation at beginning of illshould be taken to report specifically the occupations duties of the household only (not paid Housekeepers mine, etc. Women at home, who are engaged in the "Manager," "Dealer," etc., without more precise specistatement. material worked on may form part of the second additional line is provided for the latter statement; the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b)cases, especially in industrial employments, it is nec-Civil engineer, Stationary fireman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, c. g., Farmer or Planter, applies to each and every person, irrespective of age. ness of various pursuits can be known. The question who have no occupation whatever, write Yonc. been changed or given up on account of the disease Sorvant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as gainfully employed, as At school or At home. Care Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as fication as Day laborer, Farm laborer, Laborer-Grocery; (a) Foreman, (b) Automobile factory. The It should be used only when needed. For many occupations a single word or term on the Statement of occupation-Precise statement of occupa-Spinner, (b) Cotton mill; (a) Salesman, is very important, so that the relative healthful-If retired from business, that fact may be indl-Never return "Laborer," Farmer (retired 6 yrs.) For persons As examples: "Foreman," (6)

Statement of cause of death—Name, first, the disease causing dearm (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified. is indefinite): Tubercutesis of lungs, meninges, peritonaeum, etc., Carein-

ample: Meastes (disease causing death), 29 ds.; affection need not be stated unless important. valvular heart disease; Chronic interstitial nephritis, nant neoplasms); Measles; Whooping cough; Chronic oma, Sarcoma, etc., of..... (name origin; "Canmia," "Puerferal peritonitis," etc. State cause for childbirth or misearriage as "Puerperal septichaeetc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uracmia," "Weakness," genital," thenia," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "Asinjury, as fracture of skull, and cousequences (e. g., ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF AS probably LENT DEATHS State MEANS OF INJURY and qualify as which surgical operation was undertaken. cause. "Ileart failure," "Ilaemorrhage," "Inanition," "Maras-"Collapse," "Coma," "Convulsions," "Debility" ("Con-Bronchopneumonia (secondary), 10 ds. Never report ture of the American Medical Association.) cause of death approved by Committee on Nomencla-"Contributory." by carbolic acid-probably snicide. The nature of the dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-accisuch, if impossible to determine definitely. Examples: is less defiuite; avoid use of "Tumor" for malig-The contributory (secondary or intercurrent) tetanus) may be stated under the head of Always qualify all diseases resulting from "Senile," etc.), "Dropsy," "Exhaustion," (Recommendations on statement of



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Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state	CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very	
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PLACE OF DEATH	Val
County Anne Arundel.	(6)
Village or City Annapolis.	

#### STATE OF MARYLAND CERTIFICATE OF DEATH

Registration Dist. No.

Naval Hospital; Ward) Village

[if death occurred in a hospital or lostitution, give its NAME instead of street and nombar.]

FILL NAME Antoine Joseph Corbesier.

PER:	SONAL AND STATISTIC	CAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 SEX Male	4 COLOR OR RACE White	5 SINGLE, MARRIEO, WIDOWEO, OR OLVORGO (Write the word)	March 26 ,1915 (Month) (Day (Year)
8 DATE OF BIR	Janua;		March 19, 1915, to March 26, 1915, that I last saw him alive on March 26, 1915
BOCCUPATION	78 yrs 2	if LESS than	and that death occurred on the date stated above, at 4,208 m. The CAUSE OF DEATH* was as follows: Arterial Sclerosis general.
(b) General natur	e of industry, ablishmant in U.S.1 or employer)	Marine Corps.	(Duration) 2 yrs mos ss.
10 NAME (FATHE OF FA" (State	Belgium.  OF R  PLACE THER or country)	known	(Signed) (Ouration) yrs mos 2 ds.  (Signed) (Signed) (Address) U.S. Naval Hospital  *State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury; and (2) whether Account
12 MAIDEN NAME OF MOTHER  13 BIRTHPLACE OF MOTHER (State or country)  14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE (Informant)  Hospital Necords		••	18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)  At place in the of death yrs. mos. ds. State yrs. mos. ds  Where was disease contracted, if not at place of death?  Former or
(Address) 15 Filed Mare	427,1915 - Am	ng Melch REGISTRAR	19 PLACE OF BURIAL OR REMOVAL  No March 28, 1915  20 UNDERTAKER  Jas S Jaylor Sono Onnafirhó

E. Frankin St., Baito., Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Health Association.]

cated thus: Farmer (retired 6 yrs.) For persons who have no occupation whatever, write None. CAUSING DEATH, state occupation at beginning of illbeen changed or given up on account of the DISEASE Scrvant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as duties of the household only (not paid Housekeepers mine, etc. fication as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise specistatement. material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. (a) Spinner, (b) Cotton mill; (a) Salesman, it should be used only when needed. As examples: additional line is provided for the latter statement; the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Civil engineer, Stationary fireman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the applies to each and every person, irrespective of age. ness of various pursuits can be known. The question tion is very important, so that the relative healthful-Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," "Foreman," The

Statement of cause of death—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerchrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite): Tuberculcisis of lungs, meninges, peritonaeum, etc., Carcin-

genital," such, if impossible to determine definitely. Examples: LENT DEATHS State MEANS OF INJURY and qualify as mia," "PUERPERAL peritonitis," etc. State cause for childbirth or miscarriage as "Puerperal septichacetc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness," "Heart failure," "Haemorrhage," "Inanition," "Maras-"Collapse," "Coma," "Couvulsions," "Debility" ("Conthenia," "Anaemia" (merely symptomatie), "Atrophy," mere symptoms or terminal conditions, such as "Asaffection need not be stated unless important. valvular heart disease; Chronic interstitial nephritis, nant neoplasms); Measles; Whooping cough; Chronic oma, Sarcoma, etc., of...... (name origin; "Cancause of death approved by Committee on Nomenelasepsis, tetanus) may be stated under the head of "Contributory." (Recommendations on statement of injury, as fracture of skull, and eonsequences (e. g., ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF AS probably which surgical operation was undertakeu. For vioture of the American Medical Association.) by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-acci-Bronchopneumonia (secondary), 10 ds. is less definite; avoid use of "Tumor" for malig-The contributory (secondary or intercurrent) Always qualify all diseases resulting from Measles (disease causing death), 29: ds.; "Senile," etc.), "Dropsy," "Exhaustiou," Never report



WRITE PLAINLY, WITH UMFADING INK-THIS IS A PERMANENT RECORD

N. B.—Every Item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state GAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very Important. See instructions on back of certificate.

V. S. No. 1.

	. 2110
PLACE OF DEATH  County Q Q.	STATE OF MARYLAND CERTIFICATE OF DEATH Registration Dist. No. 2 /
Village or City Junealow (No	St.; Ward) a hospitat or institution, give its NAME Instead
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
Finale White Single, Marrieo, Widow or or over the word)	18 DATE OF DEATH Murch 10 ,1915 (Month) (Day (Year)  17 / I HEREBY CERTIFY, That I attended deceased from
6 DATE OF BIRTH	march / 1915 to march 8 1915
aug 16 , 1835	that I last saw her alive on March 8 1915
7 AGE (Monry) (Day (Year)	and that death occurred on the date stated above, at 1.30 Pm.
79 yrs 7 mos, ds OR min.?	The CAUSE OF DEATH* was as follows:
8 OCCUPATION (a) Trade, protession, or	Onlmonay Interentoris
(b) General nature of Industry.	
business, or establishment in which employed (or employer)	(Duration) yrs
9 BIRTHPLACE (State or country) Wisconsin	Secondary Orlino Scleros
10 NAME OF PATHER Austin MC Cracker	(Signed) (Si
O) 11 BIRTHRIAGE	March 1913 (Address) Comagnotes
12 MAIDEN NAME	*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether Accidental, SUICIDAL, or HOMICIDAL.
13 BIRTHPLACE OF MOTHER (State or country)	18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)  At place In the of death yrs, mos ds
14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	Where was disease contracted, If not at place of death?
(intermani) Mr. Fillmore M. Brist	Former or usual residence.
(Address) Limentown 2ng	Patrial Cemeter Marel 1, 1915
Filed March // 1916 My Welch	20 UN DERTAKER Jaylu. Jour ADDRESS Chunapolis
	rar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Health Association.]

should be taken to report specifically the occupations mine, etc. Women at home, who are engaged in the eated thus: Farmer (retired 6 yrs.) For persons Housewife, Housework, or At Home, and children, not duties of the household only (not paid Housekeepers "Manager," "Dealer," etc., without more precise specistatement. who have no occupation whatever, write None. CAUSING DEATH, state occupation at beginning of illbeen changed or given up on account of the disease Servant, Cook, Housemaid, etc. If the occupation has of persous engaged in domestic service for wages, as gainfully employed, as At school or At home. Care who receive a definite salary), may be entered as fication as Day laborer, Farm laborer, Laborer material worked on may form part of the second it should be used only when needed. As examples: additional line is provided for the latter statement; the nature of the business or industry, and therefore an essary to know (a) the klud of work and also (b) cases, especially in industrial employments, it is nec-Civil engineer, Stationary fireman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, applies to each and every person, irrespective of age. ness of various pursuits can be known. The question Grocery; (a) Foreman, (b) Automobile factory. The For many occupations a single word or term on the Statement of occupation-Precise statement of occupa-Spinner, If retired from business, that fact may be indivery important, so that the relative healthful-Never (b) Cotton mill; (a) Salcsman, return "Laborer," "Foreman," (4)

Statement of cause of death—Name, first, the DISTANSE CAUSING DEATH (the primary affection with respect to time and eausation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) \*\*3Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia unqualified, is indefinite): Tuberculesis of lungs, meninges, peritonaeum, etc., Carcin-

LENT DEATHS state MEANS OF INJURY and qualify as childbirth or miscarriage as "Puerreral septichac-"Heart failure," "Haemorrhage," "Inanition," "Marasmus," "Old Age," "Shock," "Uraemia," "Weakness," theuia," "Anaemia" (mercly symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "Asample: Measles (disease causing death), 29 ds.; valvular heart disease; Chronic interstitial nephritis, nant neoplasms); Measles; Whooping cough; Chronic oma, Sarcoma, etc., of...... (name origin; "Canture of the American Medical Association.) cause of death approved by Committee on Nomencla-"Coutributory." injury, as fracture of skull, and consequences (e. g., by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-accisuch, if impossible to determine definitely. Examples: ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably which surgical operation was undertaken. etc., when a definite disease can be ascertained as the genital," "Senile," etc.), "Dropsy," "Exhaustion," "Collapse," "Coma," "Convulsions," "Debility" ("Con-Bronchopneumonia (secondary), 10 ds. Never report affection need not be stated unless important. is less definite; avoid use of "Tumor" for mallg-The contributory (secondary or intercurrent) "Puerreral peritonitie," etc. State cause for tetanus) may be stated under the head Always qualify all diseases resulting from (Recommendations on statement of For vio-

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

APR 6 1916
BURBAU, V.S.

V. S. No. 1.

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County Ame Aumilla 1 PLACE OF DEATH



#### STATE OF MARYLAND CERTIFICATE OF DEATH

Registration Dist, No. 20

St.;---Ward)

[If death occurred in a hospital or institution, give its NAME instead of street and nomber.]

PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
Male Mem Single, Married, Widoweo, Stugle Widoweo, Windows (Write the word)	16 DATE OF DEATH March , 1914 (Month) (May (Year)
May 7 1913  (Month) (Day (Year)	that I list saw h alive on 191
AGE   If LESS that 1 day,	and that death occurred on the data stated above, at
OCCUPATION (a) Trada, profession, or particular kind of work b) General nature of industry, usiness, or establishment in which employed (or employer)	Change Berne Marasmus  (Duration) yrs mos de
STATE OF COUNTRY Manyland  10 NAME OF FATHER COLOR TO DO CO	Contributory Secondary  (Ouration) yrs mos d
11 BIRTHPLACE OF FATHER (State or country)  12 MAIDEN NAME OF MOTHER  OF MOTHER  OF MOTHER  OF MOTHER	*State the DISEASE CAUSING DEATH, or, in deaths from VIOLEN CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDEN TAL, SUICIDAL, OF HOMICIDAL.
13 BIRTHPLACE OF MOTHER (State or country) May laced	The length of Residence (for Hospitals, Institutions, Transients or Recent Residents)  At place in the of deathyrsmosds. Stateyrsmosds.
(informant) The Best of MY KNOWLEDGE	if not at place of death?  Former or  usual residence
Filed Nach 31, 195 Mulan Canord	Description Removal Date of Burial  Description State Of
REGISTRAR  If more blanks are needed, address State Re	Hardety Hunt Calloways M

[Approved by U. S. Census and American Public Health Association.]

cated thus: CAUSING DEATH, state occupation at beginning of illbeen changed or given up on account of the disease of persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. Care Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as duties of the household only (not paid Housekeepers mine, etc. fication as Day laborer, Farm laborer, Laborer-Coal "Mauager," "Dealer," etc., without more precise specistatement. it should be used only when needed. additional line is provided for the latter statement; the nature of the business or industry, and therefore an Physician, Compositor, Architect, Locomotive engineer, ness of various pursuits can be known. The question who have no occupation whatever, write None. Scrvant, Cook, Housemaid, etc. If the occupation has material worked on may form part of the second Groccry; (a) Foreman, (b) Automobile factory. (a) Spinner, (b) Cotton mill; (a) Salesman, (b) essary to know (a) the kiud of work and also (b) cases, especially in industrial employments, it is nec-Civil engineer, Stationary freman, etc. But in many first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the applies to each and every person, irrespective of age. tion is very important, so that the relative healthful-Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," Farmer (retired 6 yrs.) For persous As examples: "Foreman,"

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AGE should be stated EXACTLY. PHYSICIANS should state properly classified. Exact statement of OCCUPATION is very

PERMANENT RECORD

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UNFADING INK-THIS IS

of information should be carefully supplied.

DEATH in plain terms, so that it may be pose instructions on back of certificate.

Every Item of information should be CAUSE OF DEATH in plain terms, so

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Important.

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Filed March 28, 1918

PLAINLY, WITH

WRITE

#### 1 PLACE OF DEATH

Anne Arund El



#### 3120 STATE OF MARYLAND CERTIFICATE OF DEATH

Registration Dist. No. 20

.....St.;.....Ward)

It death occurred in a hospital or institution, give its NAME Instead of street and number.]

DATE OF BURIAL

ADDRESS

	FULL NAME	Bah		dorse of st
	PERSONAL AND STATISTIC	CAL PARTICULA	ARS	MEDICAL CERTIFICATE OF DEATH
3 SEX	4 COLOR OR RACE	5 SINGLE, MARRIEO, WIDOWED, ORDIVORCED (Write the wo	hige	16 DATE OF DEATH Frush 29/2 (Month) (Day
particular l (b) Genera business, o	(Month)	(Day ds.	(Year)  It LESS than 1 day,hrs.  ORmin.?	that I last saw h
10 N/F 11 B1 12 M 12 M 13 B1	AME OF ATHER Laure STATE STATE OF MOTHER STATE	gland Oler a nylan nylan nylan	ke/	Contributory Secondary  (Signed)  *State the Disease Causing Death, or, in death Causes, state (1) Means of Injury; and (2) w  TAL, SUICIDAL, OF HOMICIDAL.  *State The Fresidents (For Hospitals, Institute or Recent Residents)  At place of deathyrsmosds. Stateyrs
14 THE AL	BOVE IS TRUE TO THE BES	TOF MY KNOW	LEDGE	Where was disease contracted, If not at place of death?  Former or  Build recidence

16 DATE OF DEATH	rech	3.9/2	101.5
accommon and an of said	(Month)	(Day	, 191 S
	CERTIFY, Tha	it I attended	deceased from
that I last saw h alive			
and that death occurred on	the date stat	ted above, at	6 A-m
The CAUSE OF DEATH* W	as as follows	12	
Bund			
	(Ouration)	yrs	mosds.
Gontributory Secondary	•••••		5 5 5 5 5 7 7 7 7 4 7 4 7 4 7 4 7 4 7 4
	(Duration) .	yrs	mos. 3 ds.
(Signed) Inct my Mysel 28 191 5 (Add	dress)	tages er 500	w.eleda
*State the Disease Causes, state (1) Means Tal, Suicidal, or Homicia	OF INJURY:	or, in deaths and (2) wh	from VIOLENT
18 LENGTH OF RESIDENCE OR RECENT RESIDENTS)			NS, TRANSIENTS,
At place of death yrs mos where was disease contracted, If not at place of death?	In the		mos ds
Former or			

19 PLACE OF BURIAL OR REMOVAL

20 UNDERTAKER

If more blanks are needed, address State Registrar, 6 E. Franklin At., Balto., Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Health Association.]

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should OCCUPATION-15 Registration Dist. No PHYSICIANS Tit death occurred is RECORD a hospital or Institution. give Its NAME Instead of street and nomber.] 30 statement PERSONAL AND STATISTICAL PARTICULARS PERMANENT MEDICAL CERTIFICATE OF DEATH 3 SEX 5 SINGLE. 16 DATE OF DEATH 4 COLOR OR RACE MARRIED, W 1914 BINDING WIDOWED. ORDIVERCED (Write the word) (Month) (Day I HEREBY CERTIFY. That I attended DATE OF BIRTH classified. Month' (Day (Year) 7 AGE pinous It LESS than and that death occurred on the date stated above, at 10 Œ 1 day .....hrs. The CAUSE OF DEATH\* OR ..... 7 properly 8 OCCUPATION ACI (a) Trade, profession, or INK particular kind of work SERVE supplied. pe (b) General nature of Industry. UNFADING business, or establishment In may which employed (or employer) certificate. 9 BIRTHPLACE Contributory carefully s (State or country) Secondary (Duration) 10 NAME OF FATHER (Signed) 80 0 ARGIN pe back ARENTS terms, 11 BIRTHPLACE pinous OF FATHER (State or country \*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, OF HOMICIDAL. 12 MAIDEN NAME plain Instructions OF MOTHER 18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS OR RECENT RESIDENTS Informati c 13 BIRTHPLACE At place In the OF MOTHER of Inform DEATH See Instru (State or country of death \_\_\_\_ yrs. \_\_\_\_ mos. \_\_\_\_ ds. State \_\_\_\_ yrs. \_\_ WRITE Where was disease contracted. KNOWLEDGE If not at place of death?.. Former or item H 0 usual residence mportant. Isl OF BURIAL OR REMOVAL DATE OF BURIAL Every 15 ADDRES 02 60 REGISTRAR

If more blanks are needed, address State Registrary 6 E. Franklin St., Balto., Requesting V. S. No. 1.

STATE OF MARYLAND

CERTIFICATE OF DEATH

PLACE OF DEATH

state

[Approved by U. S. Census and American Public Health Association.]

"Manager," "Dealer," etc., without more precise specistatement. who have no occupation whatever, write None. cated thus: CAUSING DEATH, state occupation at beginning of illbeen changed or given up on account of the disease Servant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as duties of the household only (not paid Housekeepers mine, etc. fication as Day laborer, Farm laborer, Laborer-Coal material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. The (a) Spinner, (b) Cotton mill; (a) Salesman, it should be used only when needed. As examples: additional line is provided for the latter statement; the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Civil engineer, Stationary fireman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, applies to each and every person, irrespective of age. ness of various pursuits can be known. The question tion is very important, so that the relative healthful-For many occupations a single word or term on the Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," "Foreman," Farmer (retired 6 yrs.) For persons

Statement of cause of death—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cercbrospinal fever (the only definite synonym is "Epidemic ecrebrospinal neuingitis"); Diphtheria (avoid use of "Croup";) Typhoid fever (never report "Typhoid pnenmonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite): Tuberculesis of lungs, meninges, peritonaeum, etc., Carcin-

injury, as fracture of skull, and consequences (e. g., mia," "Puerreral peritonitis," etc. State cause for mus," "Old Age," "Shock," "Uraemia," "Weakness," mere symptoms or terminal conditions, such as "Asvalvular heart disease; Chronic interstitial nephritis, nant neoplasms); Meusles; Whooping cough; Chronic oma, Sarcoma, etc., of...... (name origin; "Canture of the American Medical Association.) eause of death approved by Committee on Nomenclascpsis, tetanus) may be stated under the head of "Contributory." (Recommendations on statement of by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned such, if impossible to determine definitely. Examples: ACCIDENTAL, SUICIDAL, or HOMICIDAL, or as probably LENT DEATHS State MEANS OF INJURY and qualify as which surgical operation was undertaken. For viochildbirth or misearriage as "Puerperal septichaecte, when a definite disease can be ascertained as the "Ileart failure," "Haemorrhage," "Inanition," "Maras-"Collapse," "Coma," "Convulsions," "Debility" ("Conthenia," "Anaemia" (merely symptomatic), "Atrophy," affection uced not be stated unless important. Accidental drowning; Struck by railway train-acci-Bronchopneumonia (secondary), 10 ds. is less definite; avoid use of "Tumor" for malig-The contributory (secondary or intercurrent) Always qualify all diseases resulting from Measles (disease causing death), 29 ds.; "Senile," etc.), "Dropsy," "Exhaustion," Never report



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1 PLACE OF DEATH	S. S.
County a, a.	CEF
Village or City South Riverno.	
FULL NAME Blanche	V. Ford

#### STATE OF MARYLAND RTIFICATE OF DEATH

Registration Dist. No. 20

.....St.;.....Ward)

[If death occurred in a hospital or institution, give its NAME Instead of street and number. I

	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH		
3s	ex 4 COLOR OR RACE 5 SINGLE, MARRIED, WIDDWED, ORDIVORCED (Write the word)	16 DATE OF DEATH  March 2, 1914  (Month) (Day (Year)		
6 D	ATE OF BIRTH	I hEREBY CERTIFY, That I attended deceased from		
	Morch 3d, 1914 (Month) (Day (Year)	that I last saw her alive on Moreh 2 , 1915.		
7 A	GE If LESS than	and that death occurred on the date stated above, at 3 P. m.		
	yrs	The CAUSE OF DEATH* was as follows:		
(a pa	CCUPATION ) Trade, profession, or rticular kind of work	Whooping couch		
bus	) General nature of industry, siness, or establishment in ich employed (or employer)	(Duration) yrs. mps. 1s.		
9 B	(State or country)	Contributory Contributors		
10 NAME OF GEO. Hord		(Signed) Polyn Callinson, M. B.  (Agrah 2191 & (Address) South Rue of		
RENT	11 BIRTHPLACE OF FATHER (State or country)  12 MAIDEN NAME  THE STATE OF THE STATE	*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury; and (2) whether Accidental, Suicidal, or Homicidal.		
12 MAIDEN NAME OF MOTHER Wattie Hard  13 BIRTHPLACE OF MOTHER (State or country) Mul		18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS OR RECENT RESIDENTS)  At place in the of death yrs, mos, ds. State yrs, mos, d		
	(Informant) Sec. Ford	Where wes disease contracted. If not at place of death?  Former or usual residence		
16	(Address) South River Mod	19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL March 4 1915		
Fil	ed North 22, 1915 John Gerlinson	20 UNDERTAKER Level Davidierrella		

[Approved by U. S. Census and American Public Health Association.]

CAUSING DEATH, state occupation at beginning of illshould be taken to report specifically the occupations gainfully employed, as At school or At home. Care duties of the household only (not paid Housekeepers mine, etc. statement. who have no occupation whatever, write None. cated thus: been changed or given up on account of the disease Scrvant, Cook, Housemaid, etc. of persons engaged in domestic service for wages, as Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as fication as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise specimaterial worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. additional line is provided for the latter statement; the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Civil engineer, Stationary fireman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, applies to each and every person, irrespective of age ness of various pursuits can be known. The question tion is very important, so that the relative healthful-(2) it should be used only when needed. first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the Statement of occupation-Precise statement of occupa-Spinner, If retired from business, that fact may be indi-Women at home, who are engaged in the Never Farmer (retired 6 yrs.) For persons (b) Cotton mill; (a) Salcsman, return "Laborer," If the occupation has As examples: "Foreman," (4)

Statement of cause of death—Name, first, the disease causing dearm (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) \*Typhoid fever (never report "Typhoid pneumonla"); Lobar pneumonia; Bronchopneumonia ("Pneumonla," unqualified, is indefinite): Tuberculesis of lungs, meninges, peritonaeum, etc., Carcin-

LENT DEATHS State MEANS OF INJURY and qualify as mia," "Tuerperal peritonitis," etc. State cause for childbirth or miscarriage as "Puerperal septichaecause. Always qualify all diseases resulting from etc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness," "Heart failure," "Hacmorrhage," "Inanition," "Marasgenital," "Collapse," "Coma," "Convulsions," "Debility" ("Conthenia," "Anaemia" (mcrely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "Asample: Measles (disease causing death), 29 ds.; affection need not be stated unless important. calvular heart disease; Chronic interstitial nephritis, nant neoplasms); Measles; Whooping cough; Chronic oma, Sarcoma, etc., of..... (name origin; "Cancause of death approved by Committee on Nomencla-"Contributory." scpsis, injnry, as fracture of skull, and consequences (e. g., Accidental drowning; Struck by railway train-accisuch, if impossible to determine definitely. Examples: ACCIDENTAL, SUICIDAL, OR HOMICIDAL, OR as probably which surgical operation was undertaken. Bronchopneumonia (secondary), 10 ds. Never report ture of the American Medical Association.) by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned is less definite; avoid use of "Tumor" for malig-The contributory (secondary or intercnrrent) tetanus) may be stated under the head "Scnile," etc.), "Dropsy," "Exhaustion," (Recommendations on statement of For vio-01



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#### 1 PLACE OF DEATH STATE OF MARYLAND CERTIFICATE OF DEATH Registration Dist. No fif death occurred in ---Ward) a hospital or instilution, give Its NAME Instead of street and number. 1 PERSONAL AND STATISTICAL PARTICULARS MEDICAL CERTIFICATE OF DEATH 3 SEX 5 SINGLE, 16 DATE OF DEATH 4 COLOR OR RACE MARRIED. WICOWED, ORDIVORCED (Month) (Day (Year) I HEREBY CERTIFY, That I attended deceased from S DATE OF BIRTH 191 ..... to. that I last saw h..... alive on ..... (Month) (Day 7 AGE If LESS than and that death occurred on the date stated above, 1 day .....hrs. The CAUSE OF DEATH\* was as follows: OR ..... min. ? BOCCUPATION (a) Trade, profession, or particular kind of work (b) General nature of Industry, business, or establishment in which employed (or amployer) Contributory BIRTHPLACE (State or country) 10 NAME OF FATHER S 11 BIRTHPLACE ۳ OF FATHER AREN. (State or country) \*State the DISEASE CAUSING DEATH, or, in heaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether Acciden-12 MAIDEN NAME TAL, SUICIDAL, OF HOMICIDAL, OF MOTHER 0 18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS) 13 BIRTHPLACE At place In the OF MOTHER State or country of death State ..... yrs, ..... mos. yrs. mos. ds. Where was disease contracted. If not at place of death?. Former or usual residence 19 PLACE OF BURIAL OR PATE OF BURIAL (Address) --15 20 UNDERTAKER REGISTRAR If more blanks are needed, address State Registrar, 6 E. Franklin St., Balto., Requesting

[Approved by U. S. Census and American Public Health Association.]

who have no occupation whatever, write None. cated thus: CAUSING DEATH, state occupation at beginning of illbeen changed or given up on account of the DISEASE Servant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as duties of the household only (not paid Housekeepers mine, etc. fication as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise specimaterial worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. The it should be used only when needed. As examples: additional line is provided for the latter statement; the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, applies to each and every person, Irrespective of age. ness of various pursuits can be known. The question (a) Spinner, (b) Cotton mill; (a) Salesman, Civil engineer, Stationary freman, etc. But in many For many occupations a single word or term on the tion is very important, so that the relative healthful-Statement of occupation-Precise statement of occupa-If retired from business, that fact may be Indl-Women at home, who are engaged in the Farmer (retired 6 yrs.) For persons

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#### STATE OF MARYLAND CERTIFICATE OF DEATH

Registration Dist, No.

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Ilf death occurred in a hospital or lostitution. give its NAME Instead

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MEDICAL	CERTIFICATE OF	DEATH	
16 DATE OF DEATH	March (Month)	(Day	, 191 <u>1</u>
	CERTIFY, That I	attended de	sceased from
that I last saw hal	ive on		19
and that death occurred of the GAUSE OF DEATH*		bove, at	m
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Secondary	4000000		2
(Signed) Tronces	Argray	stee	mos ds.

*State the DISE CAUSES, state (1)	ASE CAUSING MEANS OF	DEATH.	or, in de	aths from	VIOLENT
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	At place		In the			
	of death yrs mos	ds.	State	yrs,	mos.	. de
	Where was discuss sentended					

Where was disease contracted, If not at place of death?

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If more blanks are needed, address State Registrar, 6 E. Frankiln St., Balto., Requesting V. S. No. 1.

PERSO

4 COLOR OR RACE DATE OF BIRTH

5 SINGLE. MARRIED, WIDOWED. ORDIVORCED (Write the word)

(Month (Day (Year) If LESS than 1 day ..... hrs.

(a) Trade, profession, or

particular kind of work (b) General nature of Industry. business, or establishment in

which employed (or employer)

9 BIRTHPLACE (State or country

> 10 NAME OF FATHER

11 BIRTHPLACE OF FATHER (State or country

12 MAIDEN NAME OF MOTHER

13 BIRTHPLACE OF MOTHER (State or country

14 THE ABOVE IS TRUE TO MY KNOWLEDGE

(intermant)

(Address) ....

15 Filed Mar

[Approved by U. S. Census and American Public Health Association.]

who have no occupation whatever, write None. cated thus: Farmer (retired 6 yrs.) For persons been changed or given up on account of the disease should be taken to report specifically the occupations who receive a definite salary), may be entered as mine, etc. Women at home, who are engaged in the CAUSING DEATH, state occupation at beginning of ill-Servant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as gainfully employed, as At school or At home. Care Housewife, Housework, or At Home, and children, not dnties of the household only (not paid Housekeepers fication as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise specistatement. material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. The it should be used only when needed. additional line is provided for the latter statement; the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Civil engineer, Stationary freman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, c. g., Farmer or Planter, For many occupations a single word or term on the applies to each and every person, irrespective of age. ness of various pursuits can be known. The question tion is very important, so that the relative healthful-(a) Spinner, (b) Cotton mill; (a) Salesman, Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Never return "Laborer," As examples: "Foreman," (6)

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1 PLACE OF DEATH

#### STATE OF MARYLAND CERTIFICATE OF DEATH

Registration Dist. No.

fit death accurred in

Vil	2FULL NAME SALAN SALANDE	St.;Ward)	a hospital or institution, give its NAME instead of street and number.]
	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF	DEATH
	ATE OF BIRTH  (Month)  (Day  (Year)	(Month)  17 I HEREBY CERTIFY, That I  July 1914, to Mun  that I last saw h alive on	24 , 191 5.
TA		and that death occurred on the date stated of the CAUSE OF DEATH* was as follows:	
2 pa (b) bus wh	OCCUPATION  () Trade, profession, or articular kind of work  () General nature of Industry, siness, or establishment in lich employed (or employer)  () RTHPLACE ((State or country)	Contributory Secondary	
PARENTS	11 BIRTHPLACE OF FATHER  12 MAIDEN NAME OF MOTHER  13 BIRTHPLACE OF MOTHER  14 MAIDEN NAME OF MOTHER  14 MAIDEN NAME OF MOTHER  15 BIRTHPLACE OF MOTHER  16 MAIDEN MANAGE OF MOTHER	(Signed) (Signed) (Signed) (Signed) (Address)	in deaths from VIOLENT (2) whether ACCIDEN-
14 -	(State or country) THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE  (Informant)  (Address)  (Address)	of death yrs. mos. ds. State Where was disease contracted, If not at place of death?  Former or usual residence.  19 PLACE OF BURIAL OR REMOVAL  May House Corrections	DATE OF BURIAL
F	100 200 101 5 - I 14 8 Acullul	20 UNDERTAKER	APDRESS

REGISTRAR

If more blanks are needed, address State Registrar, 6 &. Franklin St., Salto., Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Health Association.]

applies to each and every person, irrespective of age. who have no occupation whatever, write None. cated thus: CAUSING DEATH, state occupation at beginning of illbeen changed or given up on account of the disease Kervant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. Care Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as duties of the household only (not paid Housekeepers minc, ete. fication as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise specistatement. material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. The it should be used only when needed. additional line is provided for the latter statement; the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Civil engineer, Stationary freman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the ness of various pursuits can be known. The question (a) Spinner, (b) Cotton mill; (a) Salesman, tion is very important, so that the relative healthful-Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Never Farmer (retired 6 yrs.) For persons return "Laborer," "Foreman," As examples: (6)

Statement of cause of death—Name, first, the nisease causing death (the primary affection with respect to time and eausation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemie cerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite): Tuberculesis of lungs, meninges, peritonaeum, etc., Carcin-

mia," "Puerperal peritonitis," etc. State cause for childbirth or misearriage as "Puerperal septiehaecte., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness," injury, as fracture of skull, and cousequeuees (e. g., such, if impossible to determine definitely. Examples: LENT DEATHS State MEANS OF INJURY and qualify as which surgical operation was undertaken. For vio-"Heart failure," "Haemorrhage," "Juanition," "Maras-"Collapse," "Coma," "Couvulsions," "Debility" ("Contheuia," "Anaemia" (merely symptomatic), "Atrophy," ample: Meastes (disease causing death), 29 ds.; oma, Sarcoma, etc., of...... (name orlgin; "Canture of the American Medical Association.) eause of death approved by Committee on Nomenclasepsis, tetanus) by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-acci-ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably mere symptoms or terminal eouditions, such as "As-Bronchopneumonia (secondary), 10 ds. Never report affection need not be stated unless important. ralvular heart disease; Chronic interstitial nephritis, nant neoplasms); Measles; Whooping cough; Chronic "Contributory." (Recommendations on statement of is less definite; avoid use of "Tumor" for malig-The contributory (secondary or intercurrent) Always qualify all diseases resulting from "Seuile," etc.), may be stated under the head "Dropsy," "Exhaustion,"



1 PLACE OF DEATH STATE OF MARYLAND PHYSICIANS t statement of CERTIFICATE OF DEATH Registration Dist. No. If death occurred in Ward) EXACTLY. P a hospital or institution. give its NAME Instead of street and number. <sup>2</sup> FULL NAME RECORD properly classified PERSONAL AND STATISTICAL PARTICULARS MEDICAL CERTIFICATE OF DEATH 3 SEX SINGLE 4 COLOR OR RACE 16 DATE OF DEATH stated MARRIED. PERMANENT WIDOWED / OR DIVORCED certificate. I HEREBY CERTIFY. That I attended deceased from 6 DATE OF BIRTH should pe (Year) alive on × 90 7 AGE if LESS than may and that death occurred on the date stated above, at AGE 1 day, O hrs. × The CAUSE OF DEATH # was as follows: U OR Omin. ? S ب ba H plied. 8 OCCUPATION 0 (a) Trade, profession, or SU particular kind of work Z suppl s, so (b) General nature of industry structio terms, business, or establishment in UNFADING (Ouration) which employed (or employer Contributory BIRTHPLACE caret plain See in (State or country) 10 NAME OF 0 WITH ě c FATHER Should EATH I important 11 BIRTHPLACE ARENT OF FATHER \*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT PLAINLY, (State or country) CAUSES, state (1) Maans of Injury; and (2) whether Accidental, of information e CAUSE OF D SUICIDAL OF HOMICIDAL OF MOTHER 18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, ery 13 BIRTHPLACE to the At piece () > OF MOTHER WRITE of death Slate, .....yrs. ..... mos. 50 (State or country) Every Item of inshould state CAI Where was disease contracted, 14 THE ABOVE IS TRUE TO THE MY KNOWLEDGE if not et piece of death? Former or usual residence 19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL , 191 15 UNDERTAKER ADDRESS m REGISTRAR Z If more blanks are needed, address State Registrar, 16 W. Saratoga St., Balto., Requesting V. S. No. 1.

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[Approved by U. S. Census and American Public Health Association.]

write None. business, that fact may be indicated thus: Farmer (retired state occupation at beginning of illness. or given up on account of the DISEASE CAUSING DEATH Housemaid, etc. If the occupation has been changed engaged in domestic service for wages, as Servant, Cook taken to report specifically the occupations of persons employed, as At school or At home. Care should be wife, Housework, or At Home, and children, not gainfully who receive a definite salary), may be entered as Housethe duties of the household only (not paid Housekeepers precise specification as Day laborer, Farm laborer, Laborer of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc., without more mobile factory. The material worked on may form part mill; (a) Salesman, (b) Grocery; (a) Foreman, only when needed. As examples: (a) Spinner, (b) Cotton is provided for the latter statement; it should be used business or industry, and therefore an additional line know (a) the kind of work and also (b) the nature of the especially in industrial employments, it is necessary to engineer, Stationary fireman, etc. But in many cases, cian, Compositor, Architect, first line will be sufficient, e. g., Farmer or Planter, Physiapplies to each and every person, irrespective of age ness of various pursuits can be known. The question For many occupations a single word or term on the -Coal mine, etc. Women at home, who are engaged in Statement of Occupation-Precise statement of oecupa is very important, so that the relative healthful-For persons who have no occupation whatever Locomolive If retired from engineer, (b) Auto-

Lobar CAUSING DEATH (the primary affection with respect to unqualified, is indefinite); Tuberculosis of lungs, menin-Typhoid fever (never report "Typhoid pneumonia") spinal meningitis"); Diphtheria (avoid use of "Croup"); term for the same disease. time and causation), Statement of Cause of Death-Name, first, the DISEASE (the only definite synonym is "Epidemie cerebropneumonia. Bronchopneumonia using always the same accepted Examples: ("Pneumonia," Cerebrospinal

> on Nomen lature of the American Medical Association.) surgical operation was undertaken. For violent deaths genital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Hemorrhage," "Inanition," "Marasges, perilonaeum, etc., Carcinoma, Sarcoma, etc., of......... (name origin; "Cancer" is less definite; avoid use of under the head of "Contributory." and consequences (e. g., sepsis, tetanus) may be stated suicide. The nature of the injury, as fracture of skull, head-homicide; Poisoned by carbolic acid-probably Struck by railway train-accident; Revolver wound of SUICIDAL, or HOMICIDAL, or as probably such, if impossible state MEANS OF INJURY and qualify as ACCIDENTAL, "PUERPENAL perilonitis," etc. birth or miscarriage as "PUERPERAL sephichaemia," eause. Always qualify all diseases resulting from childetc., when a definite disease can be ascertained as the mus," "Old Age," "Shoek," "Uracmia," "Weakness," "Anaemia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Consymptoms or terminal conditions, such as "Asthenia," chopneumonia (secondary), 10 ds. Example: Measles (disease causing death), 29 ds.; Bronrent) affection need not be stated unless important. nephrilis, etc. cough; Chronic valvular heart disease; Chronic interstitial "Tumor" for malignant neoplasms); Measles; Whooping to determine definitely. Examples: Accidental drowning, The contributory (secondary or intercuris less definite; avoid use of State cause for which Never (Recommendations report mere

RECEIVED The certificate is permanently filed. If the certificate is looked over thoroughly and all ques-tions has wered in detail, it will prevent further correspond-coce. All the data is essential and must be obtained before



1	ACE OF DEATH	2	19	9	STATE OF M CERTIFICATE	OF DEAT	
	ty Sudley	ue May	Ham	clon h	Registration St.;Wa	ard) a hospita give its	ath occurred is all or lostitution, NAME lostead and number.]
PER:	SONAL AND STATISTI	CAL PARTICUL	ARS		MEDICAL CERTIFICAT	E OF DEATH	
3 SEX	4 COLOR OR RACE	SSINGLE, MARRIED. WIDOWED, ORDIVORCED (Write the wo	ord)	16 DATE OF DI	(Month)	/B-	, 1911 (Year)
O DATE OF BIR	Cerang (Month)	3	(Year)	that I last saw	A slive on According on the date at	70	, 191 5, 191
8 OCCUPATION (a) Trade, professi particular kind of (b) General nature	ion, or worke of industry,	mos. Z ds.	1 day,hrs.		DEATH* was as follow		
business, or esta which employed (a 9 BIRTHPLACE (State or co	ountry) flants	7		Contributor; Secondary	(Duration)	JIS	
12 MAIDER	or country) Ros	fand		March 1	DISEASE CAUSING DEATH (1) MEANS OF INJURY , OF HOMICIDAL.	or, in deaths f; and (2) wheth	rom Violenber Accides
13 BIRTHP	PLACE THER or country) Man	y land	LEDGE	At place	mos ds. St		
(Informant)  (Address)  15  Filed Massel	Susan M	Fire ond	- Eurol	Former or usual residence.	URIAL OR REMOVAL	DATE OF E	SURIAL (S), 19T
(	If more blanks	are needed, addre	REGISTRAR ess State Regis	trar, 6 E. Franklin	St., Balto., Requesting	V. S. No. 1.	md.

[Approved by U. S. Census and American Public Health Association.]

who have no occupation whatever, write None. eated thus: Farmer (retired 6 yrs.) For persons CAUSING DEATH, state occupation at beginning of illbeen changed or given up on account of the disease Servant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as should be taken to report specifically the occupations Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as duties of the household only (not paid Housekeepers mine, etc. Women at home, who are engaged in the fication as Day laborer, Farm laborer, Laborer-Coal "Mauager," "Dealer," etc., without more precise speciit should be used only when needed. As examples: gainfully employed, as At school or At home. material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. The additional line is provided for the latter statement; the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Civil engineer, Stationary freman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, applies to each and every person, irrespective of age. ness of various pursuits can be known. The question (a) Spinner, (b) Cotton mill; (a) Salesman, For many occupations a single word or term on the tion is very important, so that the relative healthful-Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indl-

Statement of cause of death—Name, first, the disease causing death—(the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Ccrebrospinal fever (the only definite synonym is "Epidemic ccrebrospinal meningitis"); Diphtheria (avold use of "Croup";) Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite): Tubereucisis of lungs, meninges, peritonaeum, etc., Carcin-

sepsis, tetanus) may be stated under the head of "Contributory." (Recommendations on statement of injury, as fracture of skull, and consequences (e. g., such, if impossible to determine definitely. Examples: mia," "Puerperal peritonitis," etc. State cause for childbirth or miscarriage as "Puerperal septichacmus," "Old Age," "Shock," "Uraemia," "Weakness," "Heart failure," "Haemorrhage," "Inanition," "Marasthenia," "Anaemia" (merely symptomatie), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Counant neoplasms); Measles; Whooping cough; Chronic ture of the American Medical Association.) cause of death approved by Committee on Nomencladent; Revolver wound of head-homicide; Poisoned LENT DEATHS state MEANS OF INJURY and qualify as etc., when a definite disease can be ascertained as the mere symptoms or terminal conditions, such as "As-Bronchopneumonia (secondary), 10 ds. Never report affection used not be stated unless important. valvular heart disease; Chronic interstitial nephritis, eer" is less definite; avoid use of "Tumor" for maligoma, Sarcoma, etc., of...... (name origin; "Canby carbolic acid-probably suicide. The nature of the Accidental drowning; Struck by railway train-acci-ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably which surgical operation was undertaken. For vio-The contributory (secondary or intercurrent) Always qualify all diseases resulting from Meastes (disease eausing death), 29 ds.; "Senile," etc.), "Dropsy," "Exhaustion,"



N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate. WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT RECORD MARGIN RESERVED FOR BINDING

PLACE OF DEATH	STATE OF MARYLAND
County Aprilland Te	CERTIFICATE OF DEATH
County	Registration Dist. No.
Village or City Thursy (No	Ward)  [It death occurred in a hospital or iostitution, give its NAME instead of street and number.]
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 SEX COLOR OR RACE 5 SINGLE,	18 DATE OF DEATH // 0 9
Male Colon (Write the word)	(Month) (Day (Year)  I hereby certify. That I attended deceased from
6 DATE OF BIRTH	A 1 1010 M 191
(Month) (Day (Year)	that I last aaw h allve on 191
T AGE	and that death occurred on the date atated above, at
yrs t day,hrs. ORmin. ?	The CAUSE OF DEATH* was as follows:
BOCCUPATION	and Church deall so
(a) Trade, profession, or	without
particular kind of work	
business, or establishment in	(Ouration) yrs. mos. ds.
which employed (or employer)  9 BIRTHPLACE	Contributory Muhuman
(State or country)	Secondary
10 NAME OF	(Guraflon) yrs mos ds.
FATHER OPPOSIT TIMES	(Signer) / aclan Moore
O 11 BIRTHPLACE	March 21, 19to (Address 1/30 / Twy tha
State or country) Mauland	*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT
11 BIRTHPLACE OF FATHER (State or country)  12 MAIDEN NAME OF MOTHER OF MOTHER  OF MOTHER	*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, OF HOMICIDAL.
a losse moreland	18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)
OF MOTHER (State or country) Maufaut	Af place In the of death yrs. mos. ds. State yrs. mos. ds
14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	Where was disease contracted,  If not at place of death?
(Interment) Malcolm Errore	Former or usual residence.
(Address) Suklus mi.	19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL
File March 251915 - Marlan Count	29 UNDERTAKEN ADDRESS
SEA LOGI PREGISTRAR	fru thomas Jothery to
more blanks are needed, address State Regis	strar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Health Association.]

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Statement of cause of death—Namc, first, the disease causing death (the primary affection with respect to time and cansation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Theumonia," nnqualified, is indefinite): Tubercucsis of lungs, meninges, peritonaeum, etc., Carcin-

ture of the American Medical Association.) eause of death approved by Committee on Nomencla-"Contributory." sepsis, tetanus) may be stated under the head of injury, as fracture of skull, and cousequences (e. g., such, if impossible to determine definitely. Examples: mia," "Puerperal peritonitis," etc. State cause for childbirth or miscarriage as "Puerperal septichaeby carbolic acid-probably suicide. The nature of the LENT DEATHS state MEANS OF INJURY and qualify as which surgical operation was undertaken. For vioetc, when a definite disease can be ascertained as the "Heart failure," "Haemorrhage," "Juanition," "Marasthenia," "Anaemia" (merety symptomatic), "Atrophy," dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-acci-ACCIDENTAL, SUICIDAL, OF HOMICIDAL, or as probably "Collapse," "Coma," "Conjulsions," "Debility" ("Con-Bronchopneumonia (secondary), 10 ds. Never report mere symptoms or terminal conditions, such as "Assvalvular heart disease; Chronic interstitial nephritis, nant neoplasms); Measles; Whooping cough; Chronic oma, Sarcoma, etc., of..... (name origin; "Canaffection need not be stated nnless important. cer" is less definite; avoid use of "Tnmor" for malig-The coutributory "Old Age," "Shock," "Uraemia," "Weakness," Always qualify all diseases resulting from Measles "Seuile," etc.), "Dropsy," "Exhaustion," (Recommendations on statement of (disease cansing (secondary or intercurrent) death), 29 ds.;



	PERMANENT RECORD tated EXACTLY. PHYSICIANS should state Exact statement of OCCUPATION is very	Village or City Truca solis (No. See Sull Name Posic Su	STATE OF MARYLAND CERTIFICATE OF DEATH  Registration Dist. No. 2/  St.; Z Ward)  [If death occurred in a hospital or institution, give its NAME instead of street and number.]
V. B. No. 1. MARGIN RESERVED FOR BINDING	ed EXA	PERSONAL AND STATISTICAL PARTICULARS  3 SEX  Tenuale  White  White  White  Whomen  (Month)  (Day  (Year)  TAGE  If LESS tha  1 day, hr  (Month)  (Beneral nature of industry, business, or establishmens in which employed (or employer)  BERTHPLACE  (State or country)  10 NAME OF FATHER  (State or country)  MAIDEN NAME  OF MOTHER  (State or country)  The ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE  (Informant)  (Address)  REGISTMAR  I DIDTE blanks are needed, address State Registmar  I Did blanks are needed, address State Registmar	The CAUSE OF DEATH * was as follows:
-		I njore blanks are needed, address State Reg	gistrer, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

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cated thus: CAUSING DEATH, state occupation at beginning of illof persons engaged in domestie service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. who receive a definite salary), may be entered as mine, etc. "Manager," "Dealer," etc., without more precise speciwho have no occupation whatever, write None. been changed or given up on account of the disease Scrvant, Cook, Housemaid, etc. If the occupation has Housewife, Housework, or At Home, and children, not duties of the household only (not paid Housekeepers fication as Day laborer, Farm laborer, Laborer-Coal statement. Grocery; (a) Foreman, (b) Automobile factory. it should be used only when needed. additional line is provided for the latter statement; the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Physician, Compositor, Architect, Locomotive engineer, Civil engineer, Stationary freman, etc. But in many first line will be sufficient, e. g., Farmer or Planter, For many ocenpations a single word or term on the applies to each and every person, irrespective of age. ness of various pursuits can be known. The question Statement of occupation-Precise statement of occupa-Spinner, (b) Cotton mill; (a) Salesman, If retired from business, that fact may be indivery important, so that the relative healthfulworked on may form part of the second Women at home, who are engaged in the Never return "Laborer," "Forcman," Farmer (retired 6 yrs.) For persons As examples: The

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APR 6 1915 BUREAU, V.S.

STATE OF MARYLAND PLACE OF DEATH state ICATE OF DEATH SICIANS should Registered No [it death occurred in a hospital or Institution. RECORD give its NAME instead of street and oumber. 1 PERSONAL AND STATISTICAL PARTICULARS MEDICAL CERTIFICATE OF DEATH MANENT 16 DATE OF DEATH S SINGLE. 3 SEX 4 COLOR OR RACE MARRIED, ORDIVORCED (Month) (Day) (Year) (Write the word) I HEREBY CERTIFY, That I attended deceased from K 6 DATE OF BIRTH ш D. wou that I last saw h (Day) (Year) 4 7 AGE It LESS than and that death occurred on the date stated above, st P nous 1 day, hrs. no The CAUSE OF DEATH \* was as follows: S C OR ..... min. ? roperi BOCCUPATION O (a) Trade, protession, or particular kind of work Z (b) General nature of industry. supplied business, or establishment In O (Duration) may which employed (or employer) ADIN certificate. 9 BIRTHPLACE Contributory (Secondary) == (State or country) NF that 10 NAME OF FATHER (Signed) 0 of back 11 BIRTHPLACE "Address" OF FATHER pino term Z (State or country) State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether Acciden-2 12 MAIDEN NAME TAL, SUICIDAL, OF HOMICIDAL. 5 OF MOTHER Instructions 50 plai LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS OR RECENT RESIDENTS) Informati d 13 BIRTHPLACE = At place lo the OF MOTHER See Instr (State or country of death ..... yrs. ... mos. State mos Where was disease contracted. 14 THE ABOVE IS TRUE TO TH If not at miacs of death? 0 Former or Informanta Item E OF OF usual residence Every item CAUSE OF important. BURIAL OR REMOVAL DATE OF BURIAL (Address) 15 ONDE ADDRESS 191 Filed 0 REGISTRAR ż more blanks are needed, address State Registrar, 6 E. Franklin St., Baito., Requesting V. S. No. 1.

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[Approved by U. S. Census and American Public Health
Association.]

of persons engaged in domestic service for wages, as duties of the household only (not paid Housekcepers additional line is provided for the latter statement; the nature of the business or industry, and therefore an Physician, Compositor, Architect, Locomotive engineer, applies to each and every person, irrespective of age who have no occupation whatever, write None. cated thus: Farmer (retired 6 yrs.). For persons CAUSING DEATH, state occupation at beginning of illbeen changed or given up on account of the disease Servant, Cook, Housemaid, etc. If the occupation has should be taken to report specifically the occupations gainfully employed, as At school or At home. Housewife, Housework, or At Home, and children, not fication, as Day laborer, Farm laborer, Laborer "Manager," "Dealer," etc., without more precise specistatement. material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. it should be used only when needed. essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Civil engineer, Stationary fireman, etc. But in many first line will be sufficient, e. g., For many occupations a single word or term on the tion is very important, so that the relative healthfulwho receive a definite salary), may be entered as mine, etc. ness of various pursuits can be known. The question Statement of occupation-Precise statement of occupa-Spinner, (b) Cotton mill; (a) Salesman, If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," Farmer or Planter, As examples: "Foreman," (d)

Statement of cause of death—Name, first, the disease causing death—In all saffection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid disease). Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite); Tubercutosis of lungs, meninges, peritonaeum, etc.. Carein-

etc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness," ture of the American Medicai Association.) cause of death approved by Committee on Nomencia "Contributory." sepsis, tetunus) may be stated under the head of injury, as fracture of skull, and consequences (e. g., by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-accisuch, if impossible to determine definitely. ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF AS probably LENT DEATHS State MEANS OF INJUBY and qualify as which surgical operation was undertaken. For viomia," "PUERPERAL peritonitis," etc. childhirth or miscarriage, as "Puerpenal scptichaccause. "Ileart failure," "Haemorrhage," "Inanition," "Maras-"Collapse." "Coma," "Convuisions." "Debility" ("Conthenia," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "As-Bronchopncumonia (secondary), 10 ds. Never report ample: Meastes (disease causing death), 29 ds .: affection need not be stated unless important. valvulur heart disease; Chronic interstitial nephritis nant neoplasms); Measles; Whooping cough; Chronic oma. Sarcoma. etc., of The contributory (secondary or intercurrent) is less definite; avoid use of "Tumor" for mails. Always qualify all diseases resulting from "Senile." etc.), "Dropsy," "Exhaustion," (Recommendations on statement of (name origin; "Can State cause for Examples:



RECORD	PHYSICIANS should of OCCUPATION IS
WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT RECORD	on of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should be Defect to properly classified. Exact statement of OCCUPATION is See instructions on back of certificate.
UNFADING	carefully supplied that it may be f certificate.
PLAINLY, WITH	ormation should be 'H in plain terms. Started structions on back of
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S. No. 1.

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important,

PARENTS

15

11 BIRTHPLACE OFFATHER

12 MAIDEN NAME OF MOTHER

OF MOTHER (State or country)

13 BIRTHPLACE

Fited March 13, 191

state

	3131
PLACE OF DEATH	STATE OF MARYLAND
County A. A. Coramby	CERTIFICATE OF DEATH
County	Registration Dist. No. 2/
a sleep zet	anklyn 3 [It death occurred in
Village or City amageur (No. )	St.; Ward) a hospital or institution,
FULL NAME Isaac harr	give its NAME instead of street and nomber.]
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
Male Colored Single, Married Widowed, ORDIVORCED (Write the word)	16 DATE OF DEATH (Month) (Day (Year)
6 DATE OF BIRTH MARY 12 1513	Jeb 12 Miss to March 2.1915.
(Month) (Day (Year)	that I last saw have alive on VVIII 1912
6 8 1 day,hrs.	and that death occurred on the date stated above, atm, The CAUSE OF DEATH* was as follows:
B OCCUPATION (a) Trade, profession, or particular kind of work	Bylone Cancer
(b) General nature of industry, business, or establishment in	Several month.  (Ouration) yrs mos ds.
which employed (or employer)  9 BIRTHPLACE (State or country)	Contributory & Yohan Iton
A. A. County Mg	Operation) yrs mos ds.
10 NAME OF FATHER Y A R A R hanh a	(Signed) TO offer Ridgel N. O.

(State or country

18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS) At place in the ot death \_\_\_\_ yrs, \_\_\_ mos. \_\_\_ ds. State \_\_\_\_ yrs, \_\_\_

\*State the DISEASE CAUSING DEATH, or, in death, from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

Where was disease contracted. if not at place of death?. Former or

usual residence OR REMOVAL

20 UNDERTAKER

ADDRESS

DATE OF BURIAL

If more blanks are needed, address State Registrar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

REGISTRAR

[Approved by U. S. Census and American Public Health Association.]

who have no occupation whatever, write None. cated thus: Farmer (retired 6 yrs.) For persons CAUSING DEATH, state occupation at begluulng of illbeen changed or given up on account of the disease Servant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. Care Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as duties of the honsehold only (not paid Housekeepers mine, etc. fication as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise specistatement. material worked on may form part of the second Groccry; (a) Foreman, (b) Automobile factory. additional line is provided for the latter statement; the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) (a) Spinner, (b) Cotton mill; (a) Salesman, it should be used only when needed. cases, especially in industrial employments, it is nec-Civil engineer, Stationary freman, etc. But in many Physician, Compositor, Architect, Locomotive first live will be sufficient, e. g., Farmer or Planter, applies to each and every person, irrespective of age. ness of various pursuits can be known. The question For many occupations a single word or term ou the tiou is very important, so that the relative healthful-Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Never return "Laborer," "Foreman," Women at home, who are engaged in the As examples: engineer, (7)

Statement of cause of death—Name, first, the disease causing death—the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinat fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Cronp";) "Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite): Tuberculcisis of lungs, meninges, peritonacum, etc., Carcin-

ture of the Americau Medical Association.) injury, as fracture of skull, and consequences (e.g., mia," "Puerperal peritonitis," etc. State cause for childbirth or miscarriage as "Puerperal septichaeetc., when a definite disease can be ascertained as the nus," "Old Age," "Shock," "Uraemia," "Weakness," mere symptoms or terminal conditions, such as "Asa alvular heart disease; Chronic interstitial nephritis, nant neoplasms); Measles; Whooping cough; Chronic oma, Sarcoma, etc., of...... (name origin; "Cancause of death approved by Committee on Nomenclascpsis, tetanus) may be stated under the head of by carbolic acid-probably suicide. The nature of the dent; Revolver round of head-homicide; Poisoned Accidental drowning; Struck by railway train-accisuch, if impossible to determine definitely. Examples: ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably LENT DEATHS state MEANS OF INJURY and qualify as which surgical operation was undertaken. "Heart failure," "Haemorrhage," "Inanition," "Maras genltal," "Senile," etc.), "Dropsy," "Collapse," "Coma," "Convulsions," "Debility" ("Conthenia," "Anaemia" (merely symptomatic), "Atrophy," Bronchopmenmonia (secondary), 10 ds. Never report affection need not be stated unless important. "Contributory." is less definite; avoid use of "Tumor" for malig-The contributory (secondary or intercurrent) Always qualify all diseases resulting from Measles (disease causing death), 29 ds.; (Recommendations on statement of "Exhaustion," For Vio-



V. S.

1 PLACE OF DEATH

Village	or City Harwood (No.	Registration [	list. No.  [If death occurred a hospital or institution of street and number
	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE	
3 SEX	4 COLOR OR RACE SINGLE, MARRIED, MIDOWED OR DIVORCED OR DIVORCED	16 DATE OF DEATH Ma.	U. 10 ,19
6 DATE	OF BIRTH    Mar.   10   79/2	that I last saw h alive on	, 19
(a) Ti particu (b) G busine: which	UPATION rade, profession, or ular kind of work ieneral nature of industry iss, or establishment in employed (or employer)  THPLACE tate or country)	Still - (Ouration)  Contributory Secondary	Born mos.
S 11	O NAME OF FATHER AUTENCE HARRON  BIRTHPLACE OF FATHER (State or country)  MAIDEN NAME OF MOTHER (State or country)  BIRTHPLACE OF MOTHER (State or country)  MAIDEN NAME OF MOTHER (State or country)  MAIDEN NAME OF MOTHER (State or country)	(Signed)  , 191 (Address VIC)  *State the Disease Causing Death, c Causes, state (1) Means of Injury; and Suicidal or Homicidal.  18 Length of Residence (For Hospitals or Recent Residents) At place in the of death yrs. mos. ds. Sta  Where was disease contracted.	or, in deaths from VIOLES (2) whether ACCIDENTS
	ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE  formant)  (Address)  ADDRESS ADDRES	from as disease contracted,  If not at place of death?  Former or  usual residence  19 PLACE OF BURIAL OR REMOVAL	DATE OF BURIAL
	, 191	20 UNDERTAKER	ADDRESS

[Approved by U. S. Census and American Public Health Association.]

business, that fact may be indicated thus: Farmer (refired state occupation at beginning of illness. employed, as At school or wife, Housework, or At Home, and children, not gainfully who receive a definite salary), may be entered as Housethe duties of the household only (not paid Housekeepers only when needed. As examples: (o) Spinner, (b) Colton write None. or given up on account of the DISEASE CAUSING DEATH, Housemaid, etc. precise specification as Day laborer, Farm laborer, Laborer "Foreman," "Manager," "Dealer," etc., without more of the second statement. mobile factory. The material worked on may form part mill; (a) Salesman, (b) (rocery; (a) Foreman, is provided for the latter statement; it should be used especially in industrial employments, it is necessary to cian, Compositor, Architect, Locomotive engineer, Civil engineer, Stationary freman, etc. But in many cases, first line will be sufficient, e. g., Farmer or Planter, Physiengaged in domestic service for wages, as Servant, Cook, taken to report specifically the occupations of persons business or industry, and therefore an additional line know (a) the kind of work and also (b) the nature of the For many occupations a single word or term on the applies to each and every person, irrespective of age. ness of various pursuits can be known. The question tion is very important, so that the relative healthful--Coal mine, etc. Women at home, who are engaged in Statement of Occupation-Precise statement of occupa-For persons who have no occupation whatever, If the occupation has been changed At home. Care should be Never return If retired from "Laborer," (b) Auto-

spinal meningitis"); Diphtheria (avoid use of "Choup"; Typhoid fever (never report "Typhoid pneumonia"); Lohar pneumonia. Bronchopneumonia ("Pneumonia,") fever (the only definite synonym is "Epidemic ccrebro-CAUSING DEATH (the primary affection with respect to unqualified, is indefinite); Tuberculosis of lungs, media-Statement of Cause of Death-Name, first, the DISEASE and causation), using always the same accepted for the same disease. Examples: Cerebrospinal

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under the head of "Contributory." SUICIDAL, or HOMICIDAL, or as probably such, if impossible state MEANS OF INJURY and qualify as surgical operation was undertaken. For violent deaths etc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness," "Anaemia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Consymptoms or terminal conditions, such as "Asthenia," chopneumonia (secondary), 10 ds. rent) affection need not be stated unless important. ges, perilonaeum, etc., Carcinomo, Sorcoma, etc., of......... (name origin; "Cancer" is less definite: avoid use of on Nomenclature of the American Medical Association.) on statement of cause of death approved by Committee and consequences (e. g., sepsis, tetanus) may be stated suicide. The nature of the injury, as fracture of skull, head—homicide; Poisoned by carbolic acid—probably Struck by railway train—accident; Revolver to determine definitely. Examples: Accidental drowning; "PUERPERAL peritonitis," etc. cause. Always qualify all diseases resulting from child-"Heart failure," "Haemorrhage," "Inanition," "Marasgenital," "Senile," etc.), "Dropsy," Example: Measles (disease causing death), 29 ds.; Bronnephrilis, etc. The contributory (secondary or intercurcough; Chronie valvular heart discose; Chronic interstitui "Tumor" for malignant neoplasms); Measles; Whooping or miscarriage as "Puerperal septichaemia," State cause for which Never report mere (Recommendations "Exhaustion," ACCIDENTAL, to purion

ence All the data is essential and must be obtained before the certificate is permanently filed. tions parsycred in detail, it will prevent further correspond-If this certificate is looked over thoroughly and all ques-

THE RELIEF OF SECTION BUREAU, V.S. RECEIVE JUN 1 9 1915

PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT RECORD

Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very Important. See instructions on back of certificate.

WRITE

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Village or City Annafioles (No. 12)	STATE OF MARYLAND CERTIFICATE OF DEATH Registration Dist. No. 2/ St.; 3 Ward)  [if death occurred to a hospital or institution, give its NAME Instead of street and number.]
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 SEX 4 COLOR OR RAGE 6 DATE OF BIRTH  4 COLOR OR RAGE 6 DATE OF BIRTH  4 COLOR OR RAGE 6 WIDDWED, WIDDWED, WIDDWED, WIDDWED, WITH the word)  8 DATE OF BIRTH	16 DATE OF DEATH Man, 1918  (Month) (Day (Year)  17 I HEREBY CERTIFY, That I attended deceased from 1915, to 200 July 1915.
7 AGE  (Month) (Day (Year)  1 (LESS than 1 day, hrs. 0 or min.?  3 OCCUPATION (a) Trade, protession, or particular kind of work	and that death occurred on the date stated above, at 10 m.  The CAUSE OF DEATH* was as follows:
(b) General nature of industry, business, or establishment in which employed (or employer)  BIRTHPLACE (State or country)	Contributory Secondary
10 NAME OF FATHER Pillians / Enry Hashy  11 BIRTHPLACE OF FATHER OF FATHER OF MOTHER  12 MAIDEN NAME OF MOTHER OF MOTHER OF MOTHER	(Signed) R B Mallows , M. D.  Man 9 , 1912 (Address) 2 & Calculate  *State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury; and (2) whether Accidental, Suicidal, or Homicidal.
13 BIRTHPLACE OF MOTHER (State or country) Willaholis Did  14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE (Informant) Tarrel S. Jasky	18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)  At place In the of death yrs mos ds. State yrs mos ds  Where was disease contracted, If not at place of death? Former or usual residence.
(Address) Lacton 897	19 PLACE OF BURIAL OR REMOVAL  DATE OF BURIAL  SOUNDERTAKER  ADDRESS  ADDRESS

more blanks are needed, address State Registrar, 6 E. Franklin St., Balto., Requesting V. S. No. 1. Millen

[Approved by U. S. Census and American Public Health Association.]

who have no occupation whatever, write None. should be taken to report specifically the occupations duties of the household only (not paid Housekeepers fication as Day laborer, Farm laborer, Laborer cated thus: CAUSING DEATH, state occupation at beginning of illbeen changed or given up on account of the DISEASE Servant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as gainfully employed, as At school or At home. Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as mine, etc. "Manager," "Dealer," etc., without more precise specistatement. material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. The it should be used only when needed. additional line is provided for the latter statement; the nature of the business or industry, and therefore an Civil engineer, Stationary freman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, ness of various pursuits can be known. The question essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is necfirst line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the applies to each and every person, irrespective of age. tion is very important, so that the relative healthful-Statement of occupation-Precise statement of occupa-Spinner, If retired from business, that fact may be indi-Women at home, who are engaged in the Never return Farmer (retired 6 yrs.) For persons (b) Cotton mill; (a) Salesman, "Laborer," As examples: "Foreman," (b)

Statement of cause of death—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite): Tuberculesis of lungs, meninges, peritonaeum, etc., Carcin-

cause of death approved by Committee on Nomenclainjury, as fracture of skull, and consequences (e. g., such, if impossible to determine definitely. Examples: LENT DEATHS state MEANS OF INJURY and qualify as mia," "Puerferal peritonitis," etc. State cause for childbirth or miscarriage as "Puerperal septichaectc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uracmia," "Weakness," "Heart failure," "Haemorrhage," "Inauition," "Marasgenital," "Senile," etc.), "Dropsy," "Collapse," "Coma," "Convulsions," "Debility" ("Conthenia," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or Bronchopucumonia (secondary), 10 ds. Never report ample: Measles (disease causing affection need not be stated unless important. valvular heart disease; Chronic interstitial nephritis, nant neoplasms); Measles; Whooping cough; Chronic oma, Sarcoma, etc., of...... (name origin; "Can ture of the American Medical Association.) "Contributory." by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-acci-ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably which surgical operation was undertaken. is less definite; avoid use of "Tumor" for malig-The contributory tetanus) may be stated under the head of Always qualify all diseases resulting from (Recommendations on statement of terminal conditions, such as "As-(secondary or intercurrent) death), 29 ds.; "Exhaustion," For vio-

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

APR 6 1915
BUREAU, V.S.

	RECORD	PHYSICIANS should state of OCCUPATION is very
T. B. No. 1. MARGIN RESERVED FOR BINDING	WRITE PLAINLY, WITH UNFADING INK-THIS IS'A PERMANENT RECORD	N. B.—Every Item of Information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

	PLACE OF DEATH  Inty A. A. Skidmore (No. 1)  FULL NAME Lacar Henses	STATE OF MARYLAND CERTIFICATE OF DEATH Registered No. 2/ [It death occurred le a hospital or institution give its NAME instead of street and number.]
	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 SEX		16 DATE OF DEATH  (Month)  (Day)  (Year)  17  I HEREBY CERTIFY, That I attended deceased from
7 AGE	(Month) (Day) (Year)  (Month) (Day) (Year)  If LESS than 1 day,	that I last saw h. 4 alive on
(a) Traparticum (b) Ge busines which	eupation ade, protession, or ular kind of work eneral nature of industry, is, or establishment in employed (or employer)  THPLACE e or country)  A A Co. Lind	Chronic Feroitonitis  (Duration) 2 yrs. mos. ts.  Contributory (Secondary)
ENTS	ONAME OF FATHER John Hensen  1 BIRTHPLACE OF FATHER (State or country) A. A. Co, M. of,  2 MAIDEN NAME OF MOTHER Clara History	(Signed) yrs mos ds.  (Signed) 3, 5, Reflect, M. D.  24 4, 191.5 (Address) Americal from Violent Causes, state (1) Means of Injury; and (2) whether Accidentals.  18.
14 <sub>THE</sub>	BERTHPLACE  OF MOTHER  (State or country) A. A. Co, The of  ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE  OF MOTHER  (Address) Skiding.  (Address) Skiding.  REGISTRAR	18 LENGTH OF RESIDENCE (FOR MOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)  At place of death yrs. mos. ds. State yrs. mos. ds.  Where was disease contracted, If not at place of death?  Former or usual residence  19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL  Skidmore AGCo Mar 10, 1910.  20 UNDERTAKER  ADDRESS  Jaylor Dono Munapylia

[Approved by U. S. Census and American Public Health
Association.]

cated thus: Farmer (retired 6 yrs.). CAUSING DEATH, state occupation at beginning of illbeen changed or given up on account of the DISEASE of persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. Care duties of the household only (not paid Housekeepers who have no occupation whatever, write None. Servant, Cook, Housemaid, etc. If the occupation has Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as mine, etc. fication, as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise specistatement. material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. (a) Spinner, (b) Cotton mill; (a) Salesman, It should be used only when needed. additional line is provided for the latter statement; the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Civil engineer, Stationary freman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the applies to each and every person, irrespective of age. ness of various pursuits can be known. The question tion is very important, so that the relative healthful-Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," As examples: For persons "Foreman," (ø)

Statement of cause of death—Name, first, the DISEABE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Ccrebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhold pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite); Tubercutosis of lungs, meninges, peritonacum, etc.. Carcinosis of lungs, meninges, peritonacum, etc.. Carcinosis

ture of the American Medical Association.) cause of death approved by Committee on Nomencla "Contributory." scpsis, tetanus) may be stated under the head injury, as fracture of skull, and consequences (e. g., by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned such, if impossible to determine definitely. which surgical operation was undertaken. For vremia," "PUEBPEBAL peritonitis," etc. childbirth or miscarriage, as "PUERPERAL septichaeetc.; when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness," "Heart failure," "Haemorrhage," "Inanition," "Maras. genital," "Senile," etc.), "Dropsy," "Exhaustion, Accidental drowning; Struck by railway train—acci-ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF AS probably LENT DEATHS State MEANS OF INJURY and qualify as "Collapse." "Coma," "Convulsions," "Debility" ("Conthenia," "Anaemia" (merely symptomatic), "Atrophy," Bronchopneumonia (secondary), 10 ds. ample: Measles (disease causing death), 29 ds.; affection need not be stated unless important. valvular heart disease; Chronic interstitial nephritis. nant neoplasms); Measles; Whooping cough; Chronic mere symptoms or terminal conditions, such as "Asoma. Sarcoma. etc., of \_ . Sarcoma. etc., of \_\_\_\_\_\_\_ (name origin; "Can-is less definite; avoid use of "Tumor" for mailg-The contributory (secondary or intercurrent) Aiways qualify all diseases resulting from (Recommendations on statement of State cause for Never report Examples:

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

APR 6 1915 BUREAU, V.S.

	RECORD
BINDING	PERMANENT
m	A
'n	IS
F O R	G INK-THIS IS A
/ED	INK
RESERVED	ITH UNFADING
MARGIN	WITH
MAM	PLAINLY,
	WRITE

V. S. No. 1.

N.B

-Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in piain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

1 PLACE OF DEATH	STATE OF MARY AND	
a a 4 n	STATE OF MARYLAND CERTIFICATE OF DEATH	
County	Registration Dist, No. 2/	
Village or City (Imapoli Milho, 34 Posca flo	Nottle west st.; 3 Ward)  [If death occurred in a hospital or Institution, give ifs NAME Instead of street and number.]	
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH	
Jemale Colored Single, MARRIED, WIDOWED, ORDIVORCED (Write the word)	16 DATE OF DEATH March 25, 1915  (Month) (Day (Year)  17/, I HEREBY CERTIFY, That I attended deceased from	
Month) (Day (Year)	that I last saw her allve on March 25, 1915.	
7 AGE  1 If LESS than 1 day,hrs. 2 ds.   ORmin.?	and that death occurred on the date stated above, at 1/30 Pm.  The CAUSE OF DEATH* was as follows:	
(a) Trade, profession, or particular kind of work.  (b) General nature of industry,	Tulmonary Julianesson	
business, or establishment in which employed (or employer)	Contributory (Duration) yrs. 9 mos. ds.	
(State or country) (major major md	Secondary  (Byration) yrs mos ds.  (Signed) Chubrose Jarra M. D.	
11 BIRTHPLACE OF FATHER (State or country)  12 MAIDEN NAME OF MOTHER	*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.	
12 MAIDEN NAME POSICI MILLI 13 BIRTHPLACE	18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)	
OF MOTHER (State or country) (M offolis Md  14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEGGE	Af place In the of death yrs mos ds. State yrs mos ds Where was disease confracted.	
(Informant) addie Calbert Crister	If not at place of death?	
(Address) Fled March 28 1915 Ang Wilch REGISTRAR	Brewly Hell Center March 28, 1915  20 UNDERTAKER  Lamuel alla 32. N. W. S. f.	
R pore blanks are needed, address State Registrar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.		

[Approved by U. S. Census and American Public Health Association.]

CAUSING DEATH, state occupation at beginning of illshould be taken to report specifically the occupations who receive a definite salary), may be entered as statement. Never return "Laborer," "Foreman," material worked on may form part of the second who have no occupation whatever, write None. cated thus: been changed or given up on account of the disease Servant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as gainfully employed, as At school or At home. Housewife, Housework, or At Home, and children, not duties of the household only (not paid Housekeepers mine, etc. fication as Day laborer, Farmylaborer, Laborer-Coal "Manager," "Dealer," etc., without more precise speci-Grocery; (a) Foreman, (b) Automobile factory. it should be used only when needed. As examples: additional line is provided for the latter statement; the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Civil engineer, Stationary freman, cte. But in many Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the applies to each and every person, irrespective of age. (a) Spinner, (b) Cotton mill; (a) Salesman, ness of various pursuits can be known. The question tion is very important, so that the relative healthful-Statement of occupation-Preeise statement of ocenpa-If retired from business, that fact may be indi-Women at home, who are engaged in the Farmer (retired 6 yrs.) For persons

Statement of cause of death—Name, first, the disease causing death—(the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic eerebrospinal meningitis"); Diphtheria (avoid dise of "Cronp";) Typhoid fever (never report "Typhoid phenmonia"); Lobar phenmonia; Bronchopheumonia ("Pneumonia," unqualified, is indefinite): Tubereucsis of lungs, meninges, peritonaeum, etc., Carcin-

such, if impossible to determine definitely. Examples: injury, as fracture of skull, and eonsequences (e. g., mia," "PUERPERAL poritonitis," etc. State cause for childbirth or miscarriage as "Puerperal septichaccause. "Heart failure," "Haemorrhage," "Inauition," "Marasmus," "Old Age," "Shock," "Uraemia," "Weakness," genital," thenia," "Anaemia" (merely symptomatic), "Atrophy," valvular heart disease; Chronic interstitial nephritis, oma, Sarcoma, etc., of...... (name origin; "Canture of the American Medical Association.) cause of death approved by Committee on Nomenclasepsis, tetanus) may be stated under the head of by earbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-acci-ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably LENT DEATHS state MEANS OF INJUNY and qualify as which surgical operation was undertaken. For vioete., when a definite disease can be ascertained as the "Collapse," "Coma," "Convulsions," "Debility" ("Conmere symptoms or terminal conditions, such as "Asaffection need not be stated unless important. nant neoplasms); Measles; Whooping cough; Chronic "Contributory." Bronchopneumonia (seeondary), 10 ds. is less definite; avoid use of "Tumor" for malig-The contributory Always qualify all diseases resulting from Measles (disease eausing death), 29 ds.; "Senile," etc.), (Recommendations on statement of (secondary or intereurrent) "Dropsy," "Exhaustion," Never report



(Approved by U. S. Census and American Public Health Association.)

state occupation at beginning of Illness. If retired from or given up ou account of the disease causing beath, whatever, write None. tired 6 yrs.). For persons who have no occupation business, that fact may be indicated thus: Farmer (re-Housemaid, etc. If the occupation has been changed gaged in domestic service for wages, as Servant, Cook, to report specifically the occupations of persons euployed, as At school or At home. Care should be taken definite salary), may be entered as Housewife, House household only (not paid Housekeepers who receive a en at home, who are engaged in the duties of the laborer, Farm laborer, Laborerer," etc., without more precise specification as Day Never return "Laborer," "Foreman." "Manager." "Deal-Spinner, (b) Cotton mill; (a) Salesman, (b) Grocery; should be used only when needed. additional line is provided for the latter statement; it nature of the business or industry, and therefore an worked on may form part of the second statement (a) Foreman, (b) Automobile factory. The material sary to know (a) the kind of work and also (b) the cases, especially in industrial employments, it is neces-Civil engineer, Stationary firemen, etc. Physician, Compositor, Architect, Locomolice engineer, the first line will be sufficient, e. g., Farmer or Planter, tion applies to each and every person, irrespective of fulness of various pursuits can be known. The quescupation is very important, so that the relative health-Statement of Occupation-Precise statement of ocor At Home, and children, not gainfully em-For many occupations a single word or -Coal mine, etc. Wom-As examples: (a) But in many

Statement of Cause of Death—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the ouly definite synonym is "Epidemic cerebrospinal meningitis"); Diphilieria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,");

Nomenclature of the American Medical Association.) ment of cause of death approved by Committee on head of "contributory." ture of the injury, as fracture of skull, and conse-Poisoned by carbol's acid—probably suicide. train—accident; Revolver wound of head—homicide; Examples: Accidental drowning; Struck by railway as probably such, if impossible to determine definitely and qualify as ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF State cause "Puerperal septicaemia." "Puerperal peritonitis," diseases resulting from childbirth or misearriage as "Uraemia." "Weakness." etc., when a definite disease rhage," "Inanition." "Marasmus," "Old Age," "Shock," "Dropsy," "Exhaustien." symptomatic), "Atrophy," "Collapse," ary). 10 ds. Never report mere symptoms or can be ascertained as the cause. vulsions." conditions, such as "Asthenia," "Anaemia" causing death), 29 ds.; Bronchopneumonia (secondstated unless important. use of "Tumor" for malignant neoplasms); Measles; unqualified, is indefinite); Tuberculosis of lungs, men Chronic interstitial nephritis, etc. ...... (name origin; "Cancer" is less definite; avoid inges, peritonacum, etc., Carcinoma, Sarcoma, etc., of (secondary or intercurrent) affection need Whooping cough; Chronic valvular heart discase; FOR VIOLENT DEATHS STATE MEANS OF INJURY (e. g., sepsis, tetanus) may be stated under the "Debility" ("Congenital," "Senile," etc.), for which surgical operation was under-(Recommendations on state-"Heart Example: Mcasles Always qualify all failure." "Haemor-The contributory "Coma," The naterminal (disease (merely not be



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Noul	PLACE OF DEATH  Sounty and any del  11age or City Lothian (No	STATE OF MARYLAND  CERTIFICATE OF DEATH  Registration Dist. No.  St.; Ward)  St.; Ward)  [If death occurred in a hospital or lostitution give its NAME instead of street and number.]	
. t	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF	DEATH
EXAC ict state	SEX  4 COLOR OR RACE  5 SINGLE, MARRIEO, Lordowed WIDOWED, Lordowed ORDINORCED (Write the word)	18 DATE OF DEATH Mancle (Month)  17 I HEREBY CERTIFY, That I at	
should be stally classified. E	(Month) (Day (Year)  (Month) (Day (Year)	that I last saw h Ly alive on March and that death occurred on the date stated at The CAUSE OF DEATH* was as follows:	17, 1915
supplied. AG may be prop	articular kind of work.  articular kind of work.  b) General nature of industry,  siness, or establishment in  hich employed (or employer)  IIRTHPLACE  (State or country)	Contributory Inferior	6
should be carefully n terms, so that it on back of certifics	11 BIRTHPLACE OF FATHER  (State or country)  12 MAIDEN NAME  12 MAIDEN NAME	(Signed) Anaclaul Courting  (Signed) Anaclaul Court  Mula A., 1915. (Address) West  *State the Disease Causing Death, or, in Causes, state (1) Means of Injury; and Tal, Suicidal, or Homicidal.	Pirer md.
tem of Information of DEATH in plain of. See Instructions	OF MOTHER  13 BIRTHPLACE OF MOTHER (State or country)  THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE  (Informant)  The Above Is True To The Best OF MY KNOWLEDGE	16 LENGTH OF RESIDENCE (FOR HOSPITALS, IN OR RECENT RESIDENTS) At place In the of death yrs, mos ds. State Where was disease contracted, If not at place of death? Former or usual residence.	yrs, ds
CAUSE Importan	(Address) Follian, Ned	1	Marche 13, 1915

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1 PLACE OF DEATH

If more blanks are needed, address State Registrar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

REGISTRAR

20 UNDERTAKER

In Thomas

STATE OF MARYLAND

ADDRESS

[Approved by U. S. Census and American Public Health Association.]

Servant, Cook, Housemaid, etc. If the occupation has should be taken to report specifically the occupations gainfully employed, as At school or At home. Care who receive a definite salary), may be entered as duties of the household only (not paid Housekeepers mine, etc. who have no occupation whatever, write Nonc. cated thus: CAUSING DEATH, state occupation at beginning of illbeen changed or given up on account of the misease of persons engaged in domestic service for wages, as Housewife, Housework, or At Home, and children, not fication as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise specistatement. material worked on may form part of the second additional live is provided for the latter statement; Grocery; (a) Foreman, (b) Automobile factory. The the nature of the business or industry, and therefore an essary to know (a) the kiud of work and also (b) cases, especially in industrial employments, it is nec-Physician, Compositor, Architect, Locomotive engineer, it should be used only when needed. As examples: Civil engineer, Stationary freman, etc. But in many first line will be sufficient, c. g., Farmer or Planter, For many occupations a single word or term on the applies to each and every person, irrespective of age. ness of various pursuits can be known. The question tion is very important, so that the relative healthful-Statement of occupation-Precise statement of occupa-Spinner, If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," Farmer (retired 6 yrs.) For persons (b) Cotton mill; (a) Salesman, "Foreman,"

Statement of cause of death—Name, first, the disease causing death—In and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic eerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) Typhoid fever (never report "Typhoid disease). Bronchopneumonia ("Pneumonia," unqualified, is indefinite): Tuberculesis of lungs, meninges, peritonaeum, etc., Carcin-

cause of death approved by Committee on Nomenclainjury, as fracture of skull, and consequences (e. g., mia," "Puerperal peritonitis," etc. . State cause for childbirth or misearriage as "Puerperal septichacmus," "Old Age," "Shoek," "Uraemia," "Weakness," thenia," "Anaemia" (merely symptomatic), "Atrophy," ture of the American Medical Association.) "Contributory." sepsis, tetanus) may be stated under the head by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-accisuch, if impossible to determine definitely. Examples: ACCIDENTAL, SUIGIDAL, OF HOMICIDAL, OF as probably LENT DEATHS State MEANS OF INJURY and qualify as which surgical operation was undertaken. etc., when a definite disease can be ascertained as the "Heart failure," "Haemorrhage," "Inanition," "Maras-"Collapse," "Coma," "Convulsions," "Debility" ("Conmere symptoms or terminal conditions, such as "As-Bronchopneumonia (secondary), 10 ds. ample: Measles (disease causing death), 29 ds.; affection need not be stated unless important. calvular heart disease; Chronic interstitial nephritis, nant neoplasms); Measles; Whooping cough; Chronic cer" is less definite; avoid use of "Tumor" for maligoma, Sarcoma, etc., of..... (name origin; "Can-The contributory (secondary or intercurrent) Always qualify all diseases resulting from "Senile," ctc.), (Recommendations on statement of "Dropsy," "Exhaustion," Never report For vio-



should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state	Verv		
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1 PLACE OF DEATH County a a

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#### STATE OF MARYLAND CERTIFICATE OF DEATH

Village or City Sage Bollown, 2FULL NAME Stell Bon	St.; Ward)  St.; St.; Ward)  St.; St.; Ward)  St.; St.; St.; St.; St.; St.; St.; St.;
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
Female Colored Single, MARRIED, WIDOWED, ORDIVORCED (Write the word)	16 DATE OF DEATH March 4, 1915  (Month) (Day (Year)  17 I HEREBY CERTIFY. That I attended deceased from
7 AGE (Month) (Day (Year)  7 AGE (If LESS than t day,	that I last saw h alive on the date stated above, at the CAUSE OF DEATH* was as follows:
6 OCCUPATION (a) Trade, profession, or particular kind of work. (b) General nature of Industry, business, or establishment in which employed (or employer)  9 BIRTHPLACE (State or country)	The physician in allendence (Duration) yrs mos ds.  Contributory Secondary
10 NAME OF FATHER  11 BIRTHPLACE OF FATHER (State or country)  12 MAIDEN NAME OF MOTHER  12 MAIDEN NAME OF MOTHER	(Signed) Welch Register, M. B.  March 6, 1915 (Address) Character  *State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether Accidental, SUICIDAL, or HOMICIDAL.
13 BIRTHPLACE OF MOTHER (State or country) Virginia  14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE (Informant) Age Ballone (Address) Sage Ballone  15 Filed March 5, 1915 Ams Welch	18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)  At place in the of death yrs. mos. ds. State yrs, mos. ds  Where was disease contracted, if not at place of death?  Former or usual residence.  19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL  Brawer 1 fall 3 191 3

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CAUSE OF Important. S

N. B.

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REGISTRAR

[Approved by U. S. Census and American Public Health Association.]

cated thus: Farmer (retired 6 yrs.) For persons duties of the household only (not paid Housekeepers who have no occupation whatever, write None. CAUSING DEATH, state occupation at beginning of ill-Servant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. Care Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as minc, etc. fication as Day laborer, Farm laborer, Laborer-"Manager," "Dealer," etc., without more precise specistatement. additional line is provided for the latter statement; the nature of the business or industry, and therefore an Physician, Compositor, Architect, Locomotive engineer, been changed or given up on account of the disease material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. (a) Spinner, (b) Cotton mill; (a) Salesman, it should be used only when needed. cases, especially in industrial employments, it is nec-For many occupations a single word or term on the applies to each and every person, irrespective of age. ness of various pursuits can be known. The question tion is very important, so that the relative healthfulessary to know (a) the kind of work and also (b) Civil engineer, Stationary freman, etc. But in many first line will be sufficient, e. g., Farmer or Planter, Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," As examples: "Foreman,"

Statement of cause of death—Name, first, the disease causing death—(the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite): Tuberculesis of lungs, meninges, peritonaeum, etc., Carcin-

ture of the American Medical Association.) cause of death approved by Committee on Nomencla-"Contributory." scpsis, tctanus) may be stated under the head dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-accisuch, if impossible to determine definitely. Examples: ACCIDENTAL, SUICIDAL, OF HOMICIDAL, or as probably LENT DEATHS state MEANS OF INJURY and qualify as which surgical operation was undertaken. For viomia," "Puerperal peritonitis," etc. State cause for childbirth or miscarriage as "PUERPERAL etc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness," "Heart failure," "Haemorrhage," "Inanition," "Marasgenital," "Senile," etc.), "Dropsy," "Exhaustion," "Collapse," "Coma," "Convulsions," "Debility" ("Conthenia," "Anaemia" (merely symptomatic), "Atrophy," affection need not be stated unless important. valvular heart disease; Chronic interstitial nephritis, nant neoplasms); Measles; Whooping cough; Chronic oma, Sarcoma, etc., of...... (name origin; "Caninjury, as fracture of skull, and consequences (e. g., by carbolic acid-probably suicide. mere symptoms or terminal conditions, such as "As-Bronchopneumonia (secondary), 10 ds. is less definite; avoid use of "Tumor" for malig The contributory (secondary or intercurrent) Always qualify all diseases resulting from Meastes (disease causing death), 29 ds.; (Recommendations on statement of The nature of the Never report septichae-



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2001	N. B Every Item of Information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state	CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very	
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PLACE OF DEATH	STATE OF MARYLAND
(1)(1)(2) 100)	CERTIFICATE OF DEATH
County	100
B 00 10	Registration Dist. No
Village or City Dworkly And	[If death occurred in
Village of City	St.; Ward) a hospital or institution, give its NAME instead
( ) do a	ot street and number.]
FULL NAME	0006
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL GERTIFICATE OF DEATH
ASEX 4 COLOR OF RACE (SINGLE,	A'S DATE OF DEATH MAD
WIDOWED. MARRIED.	() (000 / 6 , 1916)
Amale Colored ORDIVORCED WORD	(Month) (Day (Year)
6 DATE OF BIRTH	Mar 15 1915 to Mar 16 195
July 28 1884	0 - m. 18W 5
(Month) (Day (Year)	that I last saw hallve on 191
7 AGE If LESS than	and that death occurred on the date stated above, at 1/2 m.
30 yrs 7 mos / 7 ds OR min.?	The CAUSE OF DEATH* was as follows:
8 OCCUPATION 9/	110000000000000000000000000000000000000
(a) Trade, profession, or Aruse 1 mg	Justinon way
(b) General nature of industry,	United onlythe.
business, or establishment in	(Duration) yrsunally ds
which employed (or employer)	Gontributory
9 BIRTHPLACE (State or country) de a colo Col Park	Secondary
10 NAME OF O	(Durayon) yrs bos ds.
FATHER SELL West	(Signed) I mae ( Troom M. D.
on 11 BIRTHPLACE ()	Mar 16 1915 (Address) Se Balti.
State or country lederick & Max	*State the Disease Causing Death, or, in deaths from Violett
OZ 12 MAIDEN NAME/	CAUSES, state (1) MEANS OF INJURY; and (2) whether TAL, SUICIDAL, or HOMICIDAL.
of Mother. May homas	18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIEMS,
13 BIRTHPLACE	OR RECENT RESIDENTS) At place In the
OF MOTHER (State or country) Harrich Co	of death yrs, mos ds. State yrs, mos ds
14 THE ABOVE S TRUE TO THE BEST OF MY KNOWLEDGE	Where was disease contracted, It not at place of death?
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B. wold 1 D TX 20	residence
(Address) 1200 mg /C J. M	PRACE OF BURIAL OF MEMOVAL
15 m 1 M - OTT 1 1 1 2	Uninace pranche mar / 191)
Filed / al 6 , 1910 Inomas Dallong	20 UNDERTAKER ADDRESS ADDRESS
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[Approved by U. S. Census and American Public Health Association.]

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Statement of cause of death—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Cronp";) Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is Indefinite): Tuberencessis of lungs, meninges, peritonaeum, etc., Carcin-

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[Approved by U. S. Census and American Public Health Association.]

gainfully employed, as At school or At home. fication as Day taborer, Furm laborer, Laborer-Coal naterial worked on may form part of statement. Never return "Laborer," additional line is provided for the latter statement; essary to know (a) the kind of work and also (b) eated thus: CAUSING DEATH, state occupation at beginning of illbeen changed or given up on account of the disease Servant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as should be taken to report specifically the occupations Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as duties of the honsehold only (not paid Housekeepers "Manager," "Dealer," etc., without more precise speci-Grocery; (a) Foreman, (b) Automobite factory. The it should be used only when needed. As examples: the nature of the business or industry, and therefore an cases, especially in industrial employments, it is nec-Civil engineer, Stationary freman, etc. But in many applies to each and every person, irrespective of age. who have no occupation whatever, write Nonc. Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Ptanter, ness of various pursuits can be known. The question For many occupations a single word or term on the Statement of occupation-Precise statement of occupa-Spinner, If retired from business, that fact may be indivery important, so that the relative healthful-Women at home, who are engaged in the Farmer (retired 6 yrs.) For persons (b) Cotton mitl; (a) Salesman, "Готешан," the second

Statement of cause of death—Name, first, the disease causing death—Name, first, the disease causing death—Name, first, the disease causing death with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerchrospinal fever (the only definite synonym is "Epidemie cerchrospinal meningitis"): Diphtheria (avoid use of "Cronp";) Typhoid fever (never report "Typhoid pnenmonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," digualified, is indefinite): Tuberculesis of lungs, meninges, perilonaeum, etc., Carcin-

ratvular heart disease; Chronic interstitial nephritis, nant neoplasms); Meastes; Whooping cough; Chronic mia," "Puerperal peritonitis," etc. State cause for childbirth or misearriage as "Puerperal septichae mus," "Old Age," "Shoek," "Uraemia," "Weakness," "Collapse," "Coma," "Convulsions," "Debility" ("Conample: Meastes (disease causing death), 29 ds.; affection need not be stated unless important. oma, Sarcoma, etc., of..... (name origin; "Can ture of the American Medical Association.) cause of death approved by Committee on Nomencla-"Contributory." scpsis, tetanus) may be stated under the head injury, as fracture of skull, and consequences (e. g., by curbolic acid-probably suicide. The nature of the dent; Revotver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-accisuch, if impossible to determine definitely. Examples: ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF AS probably LENT DEATHS State MEANS OF INJURY and qualify as which surgical operation was undertaken. For vioetc., when a definite disease can be ascertained as the "Heart failnre," "Haemorrhage," "Inanition," "Marasgenital," thenia," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "As-Bronchopneumonia is less definite; avoid use of "Tumor" for malig-The contributory (secondary or intercurrent) Always qualify all diseases resulting from "Senile," (Recommendations on statement of (secondary), 10 ds. Never report ete.), "Dropsy," "Exhaustion,"

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

APR 6 1915 BUREAU, V.S.

3140 STATE OF MARYLAND CERTIFICATE OF DEATH a.a. County-PHYSICIANS should of OCCUPATION IS Registration Dist. No. 20 I'll death occurred is St.:----Ward) a hospital or institution. give its NAME Instead of street and number.] statement PERSONAL AND STATISTICAL PARTICULARS MEDICAL CERTIFICATE OF DEATH PERMANENT 3 SEX 16 DATE OF DEATH 5 SINGLE. MARRIED. WIDOWED, BINDING OROIVORCEO HEREBY CERTIFY, That I attended deceased from 6 DATE OF BIRTH classified. alive on Mar pe (Month) (Year) TAGE g if LESS than and that death occurred on the date stated above, at. f day.....hrs. The CAUSE OF DEATH\* was as follows: OR ..... min. ? properly mos.....ds. 12. BOCCUPATION AGI (a) Trade, profession, or 0 NX particular kind of work. W pe supplied. (b) General nature of industry. ADING business, or establishment in may (Buration) .....yrs......mos..... which amployed (or amployer) BIRTHPLACE Contributory... ranscon certifica Secondary (State or country) that (Curation) .....yrs..... 10 NAME OF FATHER 80 0.0 ARGIN terms, on back 11 BIRTHPLACE ARENT OF FATHER (State or country) \*State the DISEASE CAUSING DEATH, or, In deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether Accidental, SUICIDAL, or HOMICIDAL. 00 12 MAIDEN NAME plain EATH in plain OF MOTHER 18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS) 13 BIRTHPLACE At place In the OF MOTHER of death \_\_\_\_\_ yrs. \_\_\_ mos. \_\_\_ ds. (State or country) State Where was disease contracted, BEST OF MY KNOWLEDGE Ш If not at place of death? P P -Former or Item usual residence. Important. ы 19 PLANE OF BURIAL OR FEMOVAL DATE OF BURIAL Every (Address) 20 UNDER If more blanks are needed, address State Registrar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

PLACE OF DEATH

[Approved by U. S. Census and American Public Health Association.]

who have no occupation whatever, write None. cated thus: CAUSING DEATH, state occupation at beginning of illbeen changed or given up on account of the disease Scrvant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as duties of the household only (not paid Housekeepers mine, etc. fication as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise specistatement. material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. additional line is provided for the latter statement; the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is necit should be used only when needed. As examples: Civil engineer, Stationary freman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the applies to each and every person, irrespective of age. ness of various pursuits can be known. The question tion is very important, so that the relative healthful-(a) Spinner, Statement of occupation-Preeise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," Farmer (retired 6 yrs.) For persons (b) Cotton mill; (a) Salesman, (b) "Foreman,"

Statement of cause of death—Name, first, the disease causing death—(the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic eerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) \*Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite): Tuberculesis of lungs, meninges, peritonaeum, etc., Carcin-

"Heart failnre," "Haemorrhage," "Inanition," "Marasmus," "Old Age," "Shock," "Uraemia," "Weakness," ture of the American Medical Association. cause of death approved by Committee on Nomenclascpsis, tetanus) may be stated under the head of injury, as fracture of skull, and consequences (e. g., dent; Revolver wound of head-homicide; Poisoned such, if impossible to determine definitely. Examples: LENT DEATHS State MEANS OF INJURY and qualify as mia," "Puerperal peritonitie," etc. State eause for childbirth or miscarriage as "Puerperal septichaegeuital," "Senile," etc.), "Dropsy," "Collapse," "Coma," "Convulsions," "Debility" ("Couthenia," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "As-Bronchopneumonia (secondary), 10 ds. affection need not be stated unless important. valvular heart disease; Chronic interstitial nephritis, nant neoplasms); Measles; Whooping cough; Chronic eer" is less definite; avoid use of "Tumor" for maligoma, Sarcoma, etc., of...... (name origin; "Can-"Contributory." by carbolic acid-probably suicide. The nature of the Accidental drowning; Struck by railway train-acci-ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably which surgical operation was undertaken. For vioetc., when a definite disease can be ascertained as the The contributory (secondary or intercurrent) Always qualify all diseases resulting from Measles (Recommendations on statement of (disease causing death), 29 ds.; "Exhaustion," Never report



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	RECORD	PHYSICIANS of OCCUPAT
SNIGNIE TOT DESCRIPTION OF THE PROPERTY OF THE	WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT RECORD	Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.
No. 1.	WRITE PLAINLY, WITH	Every item of information should be carefully supp CAUSE OF DEATH in plain terms, so that it may important. See instructions on back of certificate.

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#### STATE OF MARYLAND CERTIFICATE OF DEATH

	Registration Dist. No. 27
1 1	St.; Ward)  [If death occurred in a hospital or institution, give its NAME instead of sfreef and number.]
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
Male Color of RACE Single, MARRIED. WIDOWED, ORDIVORCED (Write the word)	16 DATE OF DEATH    March 22 , 191   Month
7 AGE (Month) (Day (Year)  1 day, hrs., win,?	that I last saw h alive on 191 and that death occurred on the date stated above, at m.  The CAUSE OF DEATH* was as follows:
a) Trade, profession, or perticular kind of work.  (b) General nature of industry, business, or establishment in which employed (or employer)  BIRTHPLACE (State or country) Cana Crandel Co	Contributory Secondary (Durafion) yrs. mos. ds.
10 NAME OF FATHER Carned Johnson.  11 BIRTHPLACE OF FATHER (State or country) Corne Country & Co	(Signed)  (Signe
(Informant) Clevarae 2 Kers  (Address) Corators My  15  Files Mars 22, 1915 No. Bellengthe  REGISTRAR	Where was disease contracted, If not at place of death?  Former or usual residence

If more blanks are needed, address State Registrar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Health Association.]

who have no occupation whatever, write Nonc. cated thus: CAUSING DEATH, state occupation at beginning of illbeen changed or given up on account of the disease Scrvant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as duties of the household only (not paid Housekeepers mine, etc. Women at home, who are engaged in the fication as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise specimaterial worked on may form part of Grocery; (a) Foreman, (b) Automobile factory. The it should be used only when needed. additional line is provided for the latter statement; the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Civil engineer, Stationary freman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, applies to each and every person, irrespective of age. ness of various pursuits can be known. The question (a) Spinner, first line will be sufficient, c. g., For many occupations a single word or term on the Statement of occupation-Precise statement of occupais very important, so that the relative healthful-If retired from business, that fact may be indi-Never return "Laborer," Farmer (retired 6 yrs.) For persons (b) Cotton mill; (a) Salesman, Farmer or Planter, As examples: "Foreman," the second

Statement of cause of death—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cercbrospinal fever (the only definite synonym is "Epidemic cercbrospinal meningitis"); Diphtheria (avoid use of "Croup";) Typhoid fever (never report "Typhoid pneumonia"); Lohar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite): Tubereulesis of lungs, meninges, peritonaeum, etc., Carcin-

ralvular heart disease; Chronic interstitial nephritis, nant neoplasms); Meastes; Whooping cough; Chronic mus," "Old Age," "Shock," "Uraemia," "Weakness," "Collapse," "Coma." "Convulsions," "Debility" ("Conample: Meastes (disease causing death), 29 ds.; affection need not be stated unless important. oma, Sarcoma, etc., of...... (name origin; "Cancause of death approved by Committee on Nomencla "Contributory." Injury, as fracture of skull, and consequences (e. g., LENT DEATHS state MEANS OF INJURY and qualify as which surgical operation was undertaken. For viomia," "Puerperal peritonitis," etc. childbirth or miscarriage as "Puerperal septichaeetc., when a definite disease can be ascertalned as the "Heart failure," "Hacmorrhage," "Inanition," "Marasthenia," "Anacmia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "Asture of the American Medical Association.) scpsis, tctanus) by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-accisuch, if impossible to determine definitely. Examples: ACCIDENTAL, SCICIDAL, OF HOMICIDAL, OF as probably Bronchopneumonia is less definite; avoid use of "Tumor" for mallg-The contributory (secondary or intercurrent) Always qualify all diseases resulting from "Senile," etc.), "Dropsy," "Exhaustion," may be stated under (Recommendations on statement of (secondary), 10 ds. State cause for Never report the head



OCCUPATION PHYSICIANS ENT classified. properly 12. 5 supplied. may be p certificate. that 80 ō back terms, of Information struction of DEATH in pialn see Instructions o J. 0 Every item CAUSE OF Important.

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STATE OF MARYLAND PLACE OF DEATH CERTIFICATE OF DEATH County Anne Arundel. Registration Dist. No. It death occurred in Village or City Crownsville (No. laryland. St.:....Ward) a hospital or institution, give its NAME instead ot street and number. ] Milton Lankford. FILL NAME MEDICAL CERTIFICATE OF DEATH PERSONAL AND STATISTICAL PARTICULARS 16 DATE OF DEATH 5 SINGLE. 3 SEX 4 COLOR OR RACE March 5th. 1915. 191 MARRIED MUDDING Single Male (Write the word) Negro I HEREBY CERTIFY. That I attended deceased from 6 DATE OF BIRTH February 18, 191 5, to March 5th Unknown 1880 that I last saw him alive on Merch 5th (Month) (Day) (Year) It LESS than 7 AGE and that death occurred on the date stated above, at 6.30 Pm 1 day, hrs. Unknown mos. The CAUSE OF DEATH \* was as follows: OR .... min. ? Cerebral Hemorrhage. 8 OCCUPATION (a) Trade, profession, or Particular kind of work Laborer (b) General nature of industry, business, or establishment in which employed (or employer) . Form work -(Duration) XXX yrs. X mos. 7 Contributory ..... 9 BIRTHPLACE (Secondary) (State or country) Unlmown Dorchester County (Duration) mos. 10 NAME OF FATHER Henry Lankford. March 5, 191 5. (Address) Crownsville, Ed 11 BIRTHPLACE ARENT OF FATHER
(State or country) \*State the DISEASE CAUSING DEATH, or, In deaths from VIOLENT Unknwon CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDEN-TAL, SUICIDAL, OF HOMICIDAL. 12 MAIDEN NAME OF MOTHER Unknown. 16 LENGTH OF RESIDENCE FOR HOSPITALS, INSTITUTIONS, TRANSIENTS OR RECENT RESIDENTS) 13 BIRTHPLACE At place OF MOTHER of death X yrs. X mos. 15 ds. Unknown (State or country) Where was disease contracted. 14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE No. if not at place of death? .... Hospital Records. Dorchester Co. (Informant) ... usual residence..... 19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL March 9, 191 claimed. 15 28 UNDERTAKE ADDRESS

If more blanks are needed, address State Regis trar, & E. Franklin St., Balto., Requesting V. S No. 1.

[Approved by U. S. Census and American Public Health Association.]

cated thus: Farmer (retired 6 yrs.). CAUSING DEATH, state occupation at beginning of illof persons engaged in domestic service for wages, as should be taken to report specifically the occupations duties of the household only (not paid Housekeepers who have no occupation whatever, write None. been changed or given up on account of the disease Servant, Cook, Housemaid, etc. If the occupation has gainfully employed, as At school or At home. Care fication, as Day laborer, Farm laborer, Laborer-('oal "Manager," "Dealer," etc., without more precise specimaterial worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. additional line is provided for the latter statement; the nature of the business or industry; and therefore an Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as mine, etc. statement. it should be used only when needed. As examples: essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Civil engineer, Stationary Areman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., For many occupations a single word or term on the applies to each and every person, irrespective of age ness of various pursuits can be known. The question (a) Spinner, Statement of occupation-Precise statement of occupais very important, so that the relative healthful-If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," "Foreman." (b) Cotton mill; (a) Salesman, Farmer or Planter, For persons 9

Statement of cause of death—Name, first, the DISEASE CAUSINO DEATH (the primary affection with respect to thine and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite syuonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite); Tubercutosis of lungs, meninges, peritonaeum, etc... Carcin-

such. if impossible to determine definitely. ture of the American Medical Association.) cause of death approved by Committee on Nomencla-"Contributory." sepsis, tetanus) may be stated under the head injury, as fracture of skull, and consequences (e. by earbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-acci-ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF AS probably LENT DEATHS State MEANS OF INJURY and qualify as which surgical operation was undertaken. For viomia," "PUERPERAL peritonitis," etc. childbirth or miscarriage, as "Puterbeal schilchaectc., when a definite disease can be ascertained as the "Collapse." "Coma," "Convulsions," "Debility" ("Con thenia." "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "Asampic: Measles (disease cansing affection need not be stated unless important. nant neoplasms); Measles; Whooping cough; Chronic oma. Sarcoma. etc., of .. 'h art fallure," "Haemorrhage," "Inanition," "Maras-Bronchopncumonia (secondary), 10 ds. Never reporvalvular heart disease; Chronic interstitial nephritis er" is less definite; avoid use of "Tumor" for mally """Old Age." "Shock." "Tracmia," "Weakness," The contributory Always qualify all diseases resulting from "Senile." etc.), "Dropsy," "Exhaustion," (Recommendations on statement of (secondary or intercurrent) (name origin; "Candeath), 29 ds.; State cause for Examples:



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#### STATE OF MARYLAND 1 PLACE OF DEATH CERTIFICATE OF DEATH Registration Dist. No. I'll death occurred in St:---Ward) a hospital or institution. give its NAME instead of street and number. ] PERSONAL AND STATISTICAL PARTICULARS MEDICAL CERTIFICATE OF 3 SEX 16 DATE OF DEATH B SINGLE. 4 COLOR OR RACE MARRIED. WIDOWED. (Month) (Day (Year) (Write the word) I HEREBY CERTIFY, That I attended deceased from DATE OF BIRTH that I last saw h..... alive on ..... (Day (Month) (Year) 7 AGE If LESS than and that death occurred on the date stated above, at ... t day, hrs. The CAUSE OF DEATH\* was as follows: OR ..... min. ? mos......ds. 8 OCCUPATION (a) Trade, profession, or particular kind of work. (b) General nature of Industry. business, or establishment in which employed (or employer) ..... certificate. BIRTHPLACE Contributory Secondary (State or country) 10 NAME OF FATHER Jo back ARENTS 11 BIRTHPLACE OFFATHER \*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL. (State or country) E O 12 MAIDEN NAME instructions OF MOTHER 18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS. OR RECENT RESIDENTS) 13 BIRTHPLACE At place in the OF MOTHER (State or country) of death ...... yrs. ..... mos. ..... ds. State ..... yrs. \_\_\_\_ ds Where was disease contracted. See If not at place of death?... Former or usual residence. mportant. PLACE OF BURIAL OR REMOVAL DATE OF BURIAL 15 20 UNDERTAKER ADDRESS

If more blanks are needed, address State Registrar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

REGISTRAR

[Approved by U. S. Census and American Public Health Association.]

eated thus: should be taken to report specifically the occupations Housewife, Housework, or At Home, and ehildren, not duties of the household only (not paid Housekeepers mine, etc. who have no occupation whatever, write None. eausing death, state occupation at beginning of ill-Servant, Cook, Housemaid, etc. If the occupation has of persous engaged in domestic service for wages, as gainfully employed, as At school or At home. Care fication as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise specistatement. material worked on may form part of the second additional line is provided for the latter statement: been changed or given up on account of the disease who receive a definite salary), may be entered as Grocery; (a) Foreman, (b) Automobile factory. The it should be used only when needed. the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is uee-Civil engineer, Stationary fireman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, applies to each and every person, irrespective of age. ness of various pursuits can be known. The question Statement of occupation-Precise statement of occupa-Spinner, many occupatious a single word or term on the If retired from business, that fact may be indivery important, so that the relative healthful-Women at home, who are eugaged in the Never Farmer (retired 6 yrs.) For persous (b) Cotton mill; (a) Salesman, return "Laborer," As examples: "Foreman," (7)

Statement of cause of death—Name, first, the disease causing death (the primary affection with respect to time and eausatiou), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemie eerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) Typhoid fever (never report "Typhoid pneumonia"); Lohar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite): Tubercu-tesis of lungs, meninges, perilonacum, etc., Carcin-

nant neoplasms); Measles; Whooping cough; Chronic mia," "PUERPERAL peritonitis," etc. childbirth or misearriage as "Puerperal septichac mus," "Old Age," "Shoek," "Uraemia," "Weakness," genital," "Senile," etc.), "Dropsy," "Exhaustion," ample: Measles (disease eausing death), 29 ds.; ratvular heart disease; Chronic interstitial nephritis. oma, Sarcoma, etc., of...... (name origin; "Canture of the American Medical Association.) eause of death approved by Committee on Nomenela-"Contributory." sepsis, tetanus) may be stated under the head injury, as fraeture of skull, and eonsequences (e.g., by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-accisuch, if impossible to determine definitely. Examples: ACCIDENTAL, SUICIDAL, or HOMICIDAL, or as probably LENT DEATHS state MEANS OF INJURY and qualify as which surgical operation was undertaken. eause. Always qualify all diseases resulting from ete., when a definite disease can be ascertained as the "Heart failure," "Haemorrhage," "Inanition," "Maras-"Collapse," "Coma," "Convulsions," "Debility" ("Conthenia," "Anaemia" (merely symptomatie), "Atrophy." mere symptoms or terminal conditions, such as "Asaffection need not be stated unless important. - Ex-Bronchopneumonia is less definite; avoid use of "Tumor" for malig-The contributory (secondary or intercurrent) (Recommendations on statement of (seeoudary), 10 ds. Never report State eause for For vio-



WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT RECORD

Every Item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of GOCUPATION is very Important. See instructions on back of certificate.

. S. No. 1.

N. B.

1 PLACE OF DEATH

County anne annadel



#### STATE OF MARYLAND CERTIFICATE OF DEATH

Registration Dist, No. 22

---St.;-----Ward)

[If death occurred to a hospital or institution, give its NAME instead of street and number.]

Village or City Stenton

FULL NAME Eleanor Lowman

PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 SEX 4 COLOR OR RACE 5 SINGLE, MARRIED, WIDOWED, WIDOWED (Write the word)	16 DATE OF DEATH MANA 19 , 1915  (Month) (Day (Year)  17 I HEREBY CERTIFY, That I attended deceased from
7 AGE 7 3 mos 2 3 ds. 0R min.?	that I last saw here allyeon march 19, 1915, and that death occurred on the date stated above, at 1,30 Pm, The CAUSE OF DEATH* was as follows:
(a) Trade, protession, or particular kind of work  (b) General nature of industry, business, or establishment in	(Duration) / yrs 3 mos ds.
which employed (or employer)  BERTHPLACE (State or country)  10 NAME OF FATHER Canal Cumpling  11 BIRTHPLACE OF FATHER (State or country)  2 (State or country)  12 MAIDEN NAME  OF MOTHER  OF MOTHER	Contributory Secondary  (Duration)  (Signed)  (Signed)
OF MOTHER Sarah Bell  13 BIRTHPLACE OF MOTHER (State or country)  14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE  (Informant)  16 Ann My Characteristics  (Informant)	18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, or Recent Residents)  At place In the ot death yrs, mos. ds. State yrs, mos. ds  Where was disease contracted, If not at place of death?  Former or usual residence.
Filed March 2019:5 Holeday Ashaw  15 Filed March 2019:5 Holeday Ashaw  A REGISTRAR  F more blanks are peopled address State Portu	19 PLACE OF BURIAL OR REMOVAL  20 UNDERTAKER  ADDRESS  trar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Health Association.]

cated thus: Farmer (retired 6 yrs.) For persons Servant, Cook, Housemaid, etc. If the occupation has should be taken to report specifically the occupations duties of the household only (not paid Housekeepers additional line is provided for the latter statement; the nature of the business or industry, and therefore an who have no occupation whatever, write None. CAUSING DEATH, state occupation at beginning of illbeen changed or given up on account of the disease of persons engaged in domestic service for wages, as gainfully employed, as At school or At home. Care Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as mine, etc. fication as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise specistatement. material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. (a) Spinner, (b) Cotton mill; (a) Salesman, (b) it should be used only when needed. essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nee-Civil engineer, Stationary freman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the applies to each and every person, irrespective of age. ness of various pursuits can be known. The question tion is very important, so that the relative healthful-Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," As examples: "Foreman,"

Statement of cause of death—Name, first, the disease causing death (the primary affection with respect to time and eausation), using always the same accepted term for the same disease. Examples: Cercbrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) Typhoid fever (never report "Typhoid pneumonia," unqualified, is indefinite): Tuberculesis of lungs, meninges, peritonacum, etc., Carcin-

ture of the American Medical Association.) cause of death approved by Committee on Nomencla-".Contributory." sepsis, tetanus) may be stated under the head of injury, as fracture of skull, and consequences (e. g., by earbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-accisuch, if impossible to determine definitely. Examples: ACCIDENTAL, SUICIDAL, OF HOMICIDAL, or as probably LENT DEATHS State MEANS OF INJURY and qualify as which surgical operation was undertaken. For viomia," "Puerperal peritonitis," etc. State cause for childbirth or misearriage as "Puerveral septichaeetc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness," "Heart failure," "Haemorrhage," "Inanition," "Maras-"Collapse," "Coma," "Convulsions," "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," thenia," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "As-Bronchopneumonia (secondary), 10 ds. Never report ampie: Measles (disease causing death), 29 ds:: affection need not be stated unless important. rateular heart disease; Chronie interstitial nephritis, nant neoplasms); Measles; Whooping cough; Chronic cer" is less definite; avoid use of "Tumor" for maligoma, Sarcoma, etc., of...... (name origin; "Can-The contributory Always qualify all diseases resulting from (Recommendations on statement of (secondary or intercurrent)



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STATE OF MARYLAND 1 PLACE OF DEATH CERTIFICATE OF DEATH a a co Registration Dist. No. [If death occurred in Village or City / a hospital or institution. give its NAME Instead of street and number. ] PERSONAL AND STATISTICAL PARTICULARS MEDICAL CERTIFICATE OF DEATH 3 SEX 4 COLOR OR RACE 5 SINGLE. 16 DATE OF DEATH MARRIED. WIDOWED. ORDIVORCED (Write the word) (Day I HEREBY CERTIFY. That I attended deceased from OF BIRTH (Month) (Dav (Year) 7 AGE If LESS than and that death occurred on the date stated above, at 1 day ......hrs. OR ..... 7 BOCCUPATION (a) Trade, profession, or wier particular kind of work (b) General nature of industry. business, or establishment in (Duration) which employed (or employer) 9 BIRTHPLACE Contributory..... Secondary (State or country) (Doration) 10 NAME OF FATHER 11 BIRTHPLACE -OF FATHER AREN (State or country) \*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT Causes, state (1) Means of Injury; and (2) whether Acciden-12 MAIDEN NAME TAL, SUICIDAL, or HOMICIDAL. OF MOTHER 0 18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS) 13 BIRTHPLACE At place OF MOTHER (State or country) mos\_ was disease contracted. 14 THE ABOVE IS TRUE If not at place of death? usual residence BURIAL OR REMOVAL DATE OF BURIAL 15 UE ADDRESS REGISTRAR more blanks are needed, address State Registrar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Health Association.]

cated thus: Farmer (retired 6 yrs.) For persons Servant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as should be taken to report specifically the occupations Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as duties of the household only (not paid Housekeepers mine, etc. Women at home, who are engaged in the fication as Day laborer, Farm laborer, Laborerstatement. Physician, Compositor, Architect, Locomotive engineer, who have no occupation whatever, write None. CAUSING DEATH, state occupation at beginning of illbeen changed or given up on account of the misease gainfully employed, as At school or At home. Care "Manager," "Dealer," etc., without more precise specimaterial worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. The it should be used only when needed. additional line is provided for the latter statement; the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Civil engineer, Stationary froman, etc. But in many first line will be sufficient, e. g., Farmer or Planter, applies to each and every person, irrespective of age. ness of various pursuits can be known. The question tion is very important, so that the relative healthful-(a) Spinner, (b) Cotton mill; (a) Salcsman, For many occupatious a single word or term on the Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Never return "Laborer," As examples: "Foreman,"

Statement of cause of death—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite): Tuberculesis of lungs, meninges, peritonaeum, etc., Carcin-

nant neoplasms); Measles; Whooping cough; Chronic mia," "Puerperal peritonitis," etc. State cause for childbirth or miscarriage as "Puerperal septichacetc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness," "Collapse," "Coma," "Convulsions," "Debility" ("Couthenia," "Auaemia" (mercly symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "Asnatural rate disease; Chronic interstitial nephritis, cer" is less definite; avoid use of "Tumor" for maligoma, Sarcoma, etc., of...... (name origin; "Cancause of death approved by Committee on Nomencla-"Contributory." scpsis, tctanus) may be stated under the head of Accidental drowning; Struck by railway train-accisuch, if impossible to determine definitely. Examples: ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF AS probably LENT DEATHS State MEANS OF INJURY and qualify as which surgical operation was undertaken. For vio-"Heart failure," "Haemorrhage," "Inanitiou," "Marasgenital," "Senile," etc.), "Dropsy," "Exhaustion," ample: affection need not be stated unless important. ture of the American Medical Association.) injury, as fracture of skull, and consequences (e. g., by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned Bronchopncumonia (secondary), 10 ds. The contributory Always qualify all diseases resulting from Measles (disease causing death), 29 ds.; (Recommendations on statement of (secondary or intercurrent) Never report Ex-



N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms. so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate. WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT RECORD BINDING FOR RESERVED MARGIN S. No. 1.

PLACE OF DEATH	STATE OF MARYLAND
- Pandy la	CERTIFICATE OF DEATH
County	36
To the same of the	Registered No. 2
Village or City (No. 7.6,	St; Ward)  [If death occurred in a hospital or institution, give its NAME instead
FULL NAME Dairy Encor	of street and number.]
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 SEX 4 COLOR OR RACE MARRIED, WIDOWED, WIDOWED, WIDOWED (Write the word)	16 DATE OF DEATH (Month) (Day) (Year)
6 DATE OF BIRTH MANNING 1915	I HEREBY CERTIFY, That I attended deceased from
(Month) (Day) (Year)	that I last saw handalive on All All the 1915
7 AGE If LESS than	and that death occurred on the date stated above, at
yrsmos. / T ds. OR = min. ?	The CAUSE OF DEATH * was as follows:
OCCUPATION (a) Trade, profession, or particular kind of work	Vige Entre mayor un
(b) General nature of Industry.	JASA JAMA
business, or establishment in which employed (or employer)	(Duration) yrs. mos. ds.
9 BIRTHPLACE (State or country) Bushipe lallo, Mil.	Contributory (Secondary)
10 NAME OF Augy June June 11.	(Signed) Terry New M.D.
11 BIRTHPLACE OF FATHER	Marche 6 , 1915 (Address) I I autie In State
Z OF FATHER (State or country)	*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL
of MOTHER Julia Wes Villamine	18 LENGTH OF RESIDENCE FOR HOSPITALS INSTITUTIONS TRANSPORTED
13 BIRTHPLACE OF MOTHER (State or country)	At place in the of death yrs. mos. ds. State yrs, mos. ds.
14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	Where was disease contracted,
(Informant) Tugo Codurant house	A Spormer or Asval residence
(Address) Liestreaderick	19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL
Filed Med 17 1915 Ches As Brook	Ceder Heill Cemeter Dursel 8, 1915
REGISTRAR	I Sohn J. Fahen 9 1 (3) Control
if more planks are needed, address State Registrar, 6	E. Franklin St., Balto., Requesting V. S. No. 1.

[Approved by L. S. Census and American Public Health
Association.]

who have no occupation whatever, write None. cated thus: Farmer (retired 6 yrs.). For persons CAUSING DEATH, state occupation at heginning of illbeen changed or given up on account of the DISEASE Scrvant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. Care Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as duties of the household only (not pald Housekeepers fication, as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise specistatement. mine, etc. material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. (a) Spinner, (b) Cotton mill; (a) Salcsman, it should be used only when needed. additional line is provided for the latter statement; the nature of the husiness or industry, and therefore an cases, especially in industrial employments, it is necfirst line will be sufficient, e. g., Farmer or Planter, essary to know (a) the kind of work and also (b) Civil engineer, Stationary Areman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, applies to each and every person, irrespective of age. ness of various pursuits can be known. The question tion is very important, so that the relative healthfui-For many occupations a single word or term on the Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," "Foreman," As examples: (6)

Statement of cause of death—Name, first, the disease causing death—(the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cercbrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite); Tuberculosis of lungs, meninges, peritonacum, etc.. Carcin-

ture of the American Medical Association.) cause of death approved by Committee on Nomencla-"Contributory." sepsis, tetanus) may he stated under the head of injury, as fracture of skull, and consequences (e. dent; Revolver wound of head-homicide; Poisoned which surgical operation was undertaken. For viomia," "PUERPERAL peritonitis," etc. etc., when a definite disease can be ascertained as the affection need not be stated unless important. Exby carbolic acid-probably suicide. The nature of the such, if impossible to determine defiuitely. childbirth or miscarriage, as "Puerperal septichaenant neoplasms); Measles; Whooping cough; Chronic Accidental drowning; Struck by railway train-acct-ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF AS probably "Heart failure," "Haemorrhage," "Inanition," "Marasgenital," "Senile," etc.), "Dropsy," "Exhaustion," "Collapse." "Coma," thenia," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "Asample: Measles (disease causing death), 29 ds.; cer" is less definite; avoid use of "Tumor" for malig-SEMT DEADER State MEANS OF INJURY and qualify as Bronchopneumonia (secondary), 10 ds. Never report valvular heart disease; Chronic interstitlal nephritis. oma. Sarcoma. etc., of .. The contributory "Old Age," "Shock," "Uraemia," "Weakness," Always qualify all diseases resulting from (Recommendations on statement of "Convuisions," "Debility" ("Con-(secondary or intercurrent) (name origin; "Can-State cause for Examples:



EVERY Item of Information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAMSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate. A PERMANENT RECORD BINDING WRITE PLAINLY, WITH UNFADING INK-THIS IS FOR RESERVED MARGIN

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V. S. No. 1.

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/	PLACE OF DEATH	STATE OF MARYLAND
Co	unty Mullrandel	CERTIFICATE OF DEATH
		Registration Dist, No. 2
Vil	PULL NAME Lactic Ma	St.; Ward)  [If death occurred is a hospital or institution, give its NAME instead of street and nomber.]
-	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
381	4 COLOR OR RACE STREET, MARRIED, MUDDWED ORDINARCED (WIDOWED) (Write the word)	16 DATE OF DEATH Mar 5 , 191 & (Month) (Day (Year)
6 D	ATE OF BIRTH LANGUAGE	17 I HEREBY GERTIFY, That I attended deceased from  11 Dr. 6, 191 S. to Mar 5- 191 S.
	(Month) (Day (Year)	that I last saw h.Lt alive on Mat 1
TA	35 ~ I day,hrs.	and that death occurred on the date stated above, at
(a) pa (b) bus	yrs mos ds or min. ?  CCUPATION ) Trade, profession, or riticular kind of work  General nature of industry, siness, or establishment in ich employed (or employer)	(Duration) yrs. mos. / ds.
	(State or country) lucie Orace del Ing	Secondary (2)
	10 NAME OF FATHER Start Cares	(Signed) P 16 PMMires M. D.
ARENTS	11 BIRTHPLACE OF FATHER (State or country) Mulylean	*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury; and (2) whether Acciden-
PAR	of MOTHER Lattic Trees	18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS
	13 BIRTHPLACE OF MOTHER (State or country) Many land	or Recent Residents) At place In the of death yrs, mos ds.
	(Informant) - Clear to the Best of My KNOWLEDGE	Where was disease contracted, If not at place of death?  Former or usual residence
3161	(Address) Character and I de	PLACE OF BURIAL OR REMOVAL DATE OF BURIAYLE
Fil	ed March (2) 1916 MSN ELCL REGISTRAR	20 UNDERTAKER CECCOSOLOS
	more blanks are needed, address State Regist	trar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Health Association.]

who have no occupation whatever, write None. cated thus: Farmer (retired 6 yrs.) For persons CAUSING DEATH, state occupation at beginning of illbeen changed or given up on account of the disease Servant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. Care Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as duties of the household only (not paid Housekeepers mine, etc. Women at home, who are engaged in the fication as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise specistatement. Never return "Laborer," "Foreman," material worked on may form part of the second it should be used only when needed. additional line is provided for the latter statement; the nature of the business or industry, and therefore an Grocery; (a) Foreman, (b) Automobile factory. essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Civil engineer, Stationary fireman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, applies to each and every person, irrespective of age-(a) Spinner, first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the ness of various pursuits can be known. The question tion is very important, so that the relative healthful-Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-(b) Cotton mill; (a) Salcsman, As examples: The (4)

Statement of cause of death—Name, first, the disease causing dearn (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic eerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) 'Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite): Tuberculesis of lungs, meninges, perilonaeum, etc., Carcin-

ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF AS probably uant neoplasms); Measles; Whooping cough; Chronic ture of the American Medical Association.) cause of death approved by Committee ou Nomenclainjnry, as fracture of skull, and consequences (c. g., such, if impossible to determine definitely. Examples: LENT DEATHS State MEANS OF INJURY and qualify as mia," "PUERFERAL peritonitis," etc. State cause for mus," "Old Age," "Shock," "Uraemia," "Weakness," thenia," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "Asvalvular heart disease; Chronic interstitial nephritis, oma, Sarcoma, etc., of...... (name origin; "Can-"Contributory." by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-acciwhich surgical operation was undertaken. childbirth or miscarriage as "Puebreral schiichacete., when a definite disease can be ascertained as the "Ileart failure," "Haemorrhage," "Inauition," "Maras "Collapse," "Coma," "Couvulsions," "Debility" ("Con-Bronchopneumonia (secondary), 10 ds. Never report affection need not be stated unless important. is less definite; avoid use of "Tumor" for malig-The contributory tetanus) may be stated under the head of Always qualify all diseases resulting from Measles (disease causing death), 29 ds.; "Senile," etc.), "Dropsy," (Recommendations ou statement of (secondary or intercurrent) "Exhaustion," For vio-



V. B. No. 1.

		should state TION Is very
	RECORD	PHYSICIANS of OCCUPA
T. B. No. 1.	WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT RECORD	N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.
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PLACE OF DEATH  County Q Q Co	STATE OF MARYLAND CERTIFICATE OF DEATH Registered No. 20
Village or City Douth Run (No. ,	St; Ward)  [If death occurred in a hospital or institution, give its NAME lostead of street and oumber.]
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
SEX MARC 4 COLOR OR RACE SINGLE, MARRIED, WIDOWED, ORDIVERED (Write the word)	16 DATE OF DEATH  March 2 , 1915  (Month) (Day) (Year)  17 I HEREBY CERTIFY, That I attended deceased from
B DATE OF BIRTH    Say   18   18 28	Par of one visiting to March 2 to 1915.  that I last saw han alive on March 2 to 1915.
7 AGE 8 6 1 LESS than 1 day,hrs. yrs. mos. ds. ORmin.?	and that death occurred on the date stated above, at
(a) Trade, profession, or perficular kind of work.  (b) General nature of industry, business, or establishment in which employed (or employer)	(Duration) yrs. mos. ds.
State or country) Revillation	Contributory (Secondary) (Daration) yrs mos ds.
10 NAME OF MISSIONE	(Signed) Sohn Cevelinson, M. D.
OFFATHER (State or country)	*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, OF HOMICIDAL.
13 BIRTHPLACE OF MOTHER (State or country)	18 LENGTH OF RESIDENCE (FOR MOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)  At place In the of death yrs, mos, ds.
(Informant) Ma Louis Manuelege Carter	Where was disease contracted,  If not at place of death?  Former or  usual residence.
(Address) Lanth River	18 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL  MCCartino from Common March 2, 1915.  20 UNDERTAKER ADDRESS
Filed March 271915 John College Registran Registra	tr, 6 E. Franklin St., Balto., Requesting V. S. No. 1.
	Annaholis

[Approved by U. S. Census and American Public Health Association.]

who have no occupation whatever, write None. cated thus: Farmer (retired 6 yrs.). For persons CAUSING DEATH, state occupation at beginning of illbeen changed or given up on account of the DISEASE Servant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as duties of the household only (not paid Housekeepers minc, etc. fication, as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise specistatement. material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. The (a) Spinner, (b) Cotton mill; (a) Salesman, it should be used only when needed. additional line is provided for the latter statement; the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Civil engineer, Stationary fireman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the applies to each and every person, irrespective of age. ness of various pursuits can be known. The question tion is very important, so that the relative healthful-Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," As examples: "Foreman,"

Statement of cause of death—Name, first, the disease causing death—(the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia pneumonia," unqualified, is indefinite); Tuberculosis of lungs, meninges, peritonacum, etc... Carcin-

cause of death approved by Committee on Nomencla-\*Contributory." injury, as fracture of skull, and consequences (e. g., mia," "PUERPEBAL peritonitis," etc. State cause for childbirth or miscarriage, as "Purpresal septichaeetc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness," "Heart failure," "Haemorrbage," "Inanition." "Marasgenital," "Senile," etc.), affection need not be stated unless important. by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned such, if impossible to determine definitely. Examples: ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF AS probably which surgical operation was undertaken. For vio-"Collapse." "Coma," "Convulsions," "Debility" ("Contbenia," "Anaemia" (merely symptomatic), "Atrophy," valvular heart disease; Chronic interstitial nephritis cer" is less definite; avoid use of "Tumor" for mailgture of the American Medical Association.) Accidental drowning; Struck by railway train-acci-LENT DEATHS State MEANS OF INJUSY and qualify as mere symptoms or terminal conditions, such as "As-Bronchopncumonia (secondary), 10 ds. ample: Measles (disease causing death), 29 da.; nant neoplasms); Measles; Whooping cough; Chronic oma. Sarcoma. etc., of The contributory (secondary or intercurrent) Always qualify all diseases resulting from may be stated under the head of (Recommendations on statement of "Dropsy," "Exhaustion," (name origin; "Can-Never report



N. B.—Every litem of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of QCCUPATION is very important. See instructions on back of certificate. WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT RECORD MARGIN RESERVED FOR BINDING V. S. No. 1.

	PLACE OF DEATH	3 49 STATE OF MARYLAND
1	County U. a. lo	CERTIFICATE OF DEATH
		Registration Dist, No.
	Village or City & Conbumino.	St.; Ward)  [If death occurred in a hospital or Institution, give its NAME instead
	FULL NAME ME W MIZE	ishawa of street and number.]
	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
	Male Inile Single, Married Willower, Willower, Or of or order (Write the word)	(Month) (Day (Year)
	6 DATE OF BIRTH	Misch. 8 1910 to Muscle 1 4 1918
	CGC 6, 1849	that I last saw har allye on March 14 1915
	7 AGE (Month) (Day (Year)	and that death occurred on the date stated above, at 11:30/s m.
	6.5 yrs 8 ds. OR min.?	The CAUSE OF DEATH* was as follows:
	8 OCCUPATION (a) Trada, profession, or particuler kind of work.  Transport of the particular kind of work.	Dubles
	(b) General nature of Industry,	
	business, or establishment in which employed (or employer)	(Duration) Yyrs mos. ds.
	State or country) a le	Secondary Secondary
	10 NAME OF Jun Moushau	(Signed) Paymenel Illume, M. D.
	State or country)	mole 15 (1919. (Address) Met winces
	(State or country)  (State or country)  12 MAIDEN NAME OF MOTHER	*State the DISEASE CAUSING DEATH, or, In deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, Or HOMICIDAL.
	of MOTHER wa Inider	18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS TRANSPORT
	13 BIRTHPLACE OF MOTHER (State or country) & a le	OR RECENT RESIDENTS)  Af place In the of death yrs mos ds.  State yrs mos ds
	14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	Where was disease contracted, If not at place of death?
	(Interment) St. R. W. Ewshau	Former or usual residence
	(Address) Sternburner	19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL
	Filed Mar 15, 1916 Thomas H Brayohaw	Panuley Ourning Trust  20 UNDERTAKER  ADDRESS ST
	The House Blanks are needed, address State Regist	rar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Health Association.]

cated thus: Farmer (retired 6 yrs.) For persons should be taken to report specifically the occupations who have no occupation whatever, write None. CAUSING DEATH, state occupation at beginning of illbeen changed or given up on account of the disease Scrvant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as gainfully employed, as At school or At home. Care Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as duties of the household only (not paid Housekeepers mine, etc. fication as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise specistatement. material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. The (a) Spinner, (b) Cotton mill; (a) Salesman, it should be used only when needed. additional line is provided for the latter statement; the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b)cases, especially in industrial employments, it is nec-Civil engineer, Stationary froman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the applies to each and every person, irrespective of age. ness of various pursuits can be known. The question tion is very important, so that the relative healthful-Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," As examples: "Foreman,"

Statement of cause of death—Name, first, the disease causing death—(the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemie cerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite): Tuberculesis of lungs, meninges, peritonaeum, etc., Carcin-

eause of death approved by Committee on Nomenclascpsis, tetanus) may be stated under the head of injury, as fracture of skull, and consequences (e. g., mia," "Puerperal peritonitis," etc. State cause for ture of the American Medical Association.) "Contributory." (Recommendations on statement of by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-accisuch, if impossible to determine definitely. Examples: ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF AS probably LENT DEATHS State MEANS OF INJURY and qualify as which surgical operation was undertaken. For viochildbirth or misearriage as "Puerreral septichaecte, when a definite disease can be ascertained as the mus," "Old Age," "Shoek," "Uraemia," "Weakness," genital," "Senile," etc.), thenia." "Anaemia" (merely symptomatic), "Atrophy," "Heart failure," "Haemorrhage," "Inanition," "Marasmere symptoms or terminal conditions, such as "Asaffection need not be stated unless important. valvular heart disease; Chronic interstitial nephritis, nant neoplasms); Measles; Whooping cough; Chronic oma, Sarcoma, etc., of...... (name origin; "Can-"Collapse," "Coma," "Convulsions," "Debility" ("Con-Bronchopneumonia (secondary), 10 ds. is less definite; avoid use of "Tumor" for malig-The contributory (secondary or intercurrent) Always qualify all diseases resulting from Measles (disease causing death), 29 ds.; "Dropsy," "Exhaustion," Never report



BINDING FOR RESERVED MARGIN

PERMANENT UNFADING INK-THIS IS WRITE PLAINLY, WITH

of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very RECORD Every item of information should be carefully supplied, CAUSE OF DEATH in plain terms, so that it may be p See instructions on back of certificate. Important. PLACE OF DEATH



#### STATE OF MARYLAND CERTIFICATE OF DEATH

Registration Dist. No.

Vil	lage or City McKendre (No	St.;—Ward	[it death occurred is a hespital or institution,
	FULL NAME Wilbur Syd	vista Morreou	give its NAME Instead of street and nomber.]
	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE O	F DEATH
3 5	Vale  4 COLOR OR RAGE  MARRIED, WIDOWED, ORDIVORCED (Write the word)	DATE OF DEATH March (Month)	(Day (Year)
8 D	ATE OF BIRTH  Och 6  (Month) (Day (Year)	that I last saw him alive one like.	
7 A	GE If LESS than	and that death occurred on the date states	above, at 7 P. m.
	O yrs 4 mos 2 3 ds or min.?	The CAUSE OF DEATH * was as follows:	
(a pa	CCUPATION ) Trade, profession, or ricular kind of work  General nature of Industry,	Broughs preun	DNILL
bus	iness, or establishment in chemployer)	(Ouration)	yrs. mos. 6 ds.
	RTHPLACE (State or country)	Secondary	** ***********************************
PARENTS	10 NAME OF FATHER Odin Moreland	(Signed) (Joragion) (Signed) (Joragion) (Signed) (Joragion) (Jorag	President M. D.
	OF FATHER (State or country)  12 MAIDEN NAME OF MOTHER	*State the DISEASE CAUSING DEATH, or CAUSES, state (1) MEANS OF INJURY; a TAL, SUICIDAL, OF HOMICIDAL.	, in deaths from Violent and (2) whether Acciden-
	13 BIRTHPLACE OF MOTHER (State or country)	18 LENGTH OF RESIDENCE (FOR HOSPITALS OR RECENT RESIDENTS) At place In the of death yrs. mos. ds. State	
	(Informant) S. Odina My Knowledge	Where was disease contracted, if not at place of death? Former or usual residence	
15	(Address) Mc Kendree My	19 PLACE OF BURIAL OR REMOVAL	lay. 3 ,191 5
Fil	ed May 2 1915 Three	20 UNDERTAKER	APDRESS

more blanks are needed, address State Registrar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

No. 00

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[Approved by U. S. Census and American Public Health Association.]

who have no occupation whatever, write None. cated thus: Scrvant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. Care Housewife, Housework, or At Home, and children, not duties of the household only (not paid Housekeepers mine, etc. Women at home, who are engaged in the fication as Day laborer, Farm laborer, Laborer-Coal CAUSING DEATH, state occupation at beginning of illbeen changed or given up on account of the disease who receive a definite salary), may be entered as "Manager," "Dealer," etc., without more precise specistatement. material worked on may form part of the second Groccity; (a) Foreman, (b) Automobile factory. (a) Spinner, (b) Cotton mill; (a) Salesman, it should be used only when needed. additional line is provided for the latter statement; the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, applies to each and every person, irrespective of age. ness of various pursuits can be known. The question Civil engineer, Stationary freman, etc. But in many For many occupations a single word or term on the tion is very important, so that the relative healthful-Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Never Farmer (retired 6 yrs.) For persons rcturn "Laborer," As examples: "Foreman," The (4)

Statement of cause of death—Name, first, the disease causing death—(the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite): Tuberculesis of lungs, meninges, peritonaeum, etc., Carcin-

scpsis, tctanus) injury, as fracture of skull, and consequences (c. g., canse of death approved by Committee on Nomenclasuch, if impossible to determine definitely. Examples: mia," "Puerperal peritonitis," etc. State ture of the American Medical Association.) "Contributory." Accidental drowning; Struck by railway train-acci-ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably LENT DEATHS State MEANS OF INJURY and qualify as which surgical operation was undertaken. For viochildbirth or miscarriage as "Puerreral septichaeetc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness," genital," thenia," "Anaemia" (merely symptomatic), "Atrophy," affection need not be stated unless important. by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned "Heart failure," "Hacmorrhage," "Inanition," "Maras-"Collapse," "Coma," "Convulsions," "Debility" ("Conmere symptoms or terminal conditions, such as "As-Bronchopncumonia (secondary), 10 ds. Never report ample: Measles (disease causing death), 29 ds.; valvular heart disease; Chronic interstitial nephritis, nant neoplasms); Measles; Whooping cough; Chronic oma, Sarcoma, etc., of..... (name origin; "Canis less definite; avoid use of "Inmor" for malig-The contributory (secondary or intercurrent) Always qualify all diseases resulting from "Senile," etc.), may be stated under the head (Recommendations on statement of "Dropsy," "Exhaustion," cause for 0f



PHYSICIANS should state of OCCUPATION is very Exact statement PERMANENT EXACTLY. stated properly classified. 4 pe pinous THIS AGE UNFADING INKe oarefully supplied. WITH be DEATH in plain terms. of Information should PLAINLY. WRITE Item OF

PLACE OF DEATH PERSONAL AND STATISTICAL PARTICULARS S SINGLE. SEX 4 COLOR OR RACE MARRIED. WIDOWED ORDIVORCED (Write the word) (Month)

#### STATE OF MARYLAND CERTIFICATE OF DEATH

Registration Dist. No

Ward)

[if death occurred in a hospital or institution. give its NAME lostead of street and oumber. 7

NAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
Colored Single,  MARRIED, Augle  ORDIVORCED (Write the word)	16 DATE OF DEATH Wave 12, 1915 (Month) (Day) (Year)  17   I HEREBY CERTIFY, That I attended deceased from
Jan 9, 1879	that I last saw han alive on furth 12 " 1915!
6 yrs. 2 mos. 3 ds. OR min.?	and that death occurred on the date stated above, atm, The CAUSE OF DEATH* was as follows:
or . Look	
Manyland  Michael Meale  Michael Meale  Michael Meale  Maryland  Michael Meale  Maryland  Maryla	(Signed)  (Signe
CE ER UNTRY) Philadelphia TRUE TO THE BEST OF MY KNOWLEDGE	18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)  At place In the In the In the Interest of death Int
South River	19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL Home Clace mach 15, 1915
31, 1915 Dohn Collinson	W m Talloto W Rever
I more blanks are needed, address State Registrar	e, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

6 DATE OF BIRTH 7 AGE BOCCUPATION (a) Frade, profession, or particular kind of work. (b) General nature of industry, business, or establishment in which employed (or employer) certificate. <sup>9</sup> BIRTHPLACE (State or country) 10 NAME OF FATHER 50 S 11 BIRTHPLACE on back PARENT OF FATHER (State or country) 12 MAIDEN NAME See Instructions OF MOTHER 13 BIRTHPLACE OF MOTHER (State or country 14THE ABOVE Important.

Every It M

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No. 80

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[Approved by U. S. Census and American Public Health
Association.]

who have no occupation whatever, write None. cated thus: Farmer (retired 6 yrs.). CAUSING DEATH, state occupation at beginning of illof persons engaged in domestic service for wages, as who receive a definite salary), may be entered as duties of the household only (not paid Housekeepers mine, etc. Women at home, who are engaged in the fication, as Day laborer, Farm hoorer, Laborer-Coal "Manager," "Dealer," etc., without more precise specicases, especially in industrial employments, it is necbeen changed or given up on account of the nisease Servant, Cook, Housemaid, etc. If the occupation has should be taken to report specifically the occupations gainfully employed, as At school or At home. Housewife, Housework, or At Home, and children, not statement. material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. it should be used only when needed. additional line is provided for the latter statement; the nature of the business or industry; and therefore an essary to know (a) the kind of work and also (b) Civil engineer, Stationary freman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the applies to each and every person, irrespective of age. ness of various pursuits can be known. The question Statement of occupation-Precise statement of occupa-Spinner, (b) Cotton mill; (a) Salesman, If retired from business, that fact may be indivery important, so that the relative mealthfui-Never return "Laborcr," As examples: For persons "Foreman,"

Statement of cause of death—Name, first, the nisease causing neath (the primary affection with respect to time and causation), using aiways the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite); Tuberculosis of lungs, meninges, peritonaeum, etc.. Carcin-

ture of the American Medical Association.) cause of death approved by Committee on Nomencla-"Contributory." sepsis, tetanus) may be stated under the head of injury, as fracture of skull, and consequences (e. g., by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-accisuch, if impossible to determine definitely. ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF AS probably LENT DEATHS state MEANS OF INJURY and qualify as which surgical operation was undertaken. For viomia," "PUERPEBAL peritonitis," etc. childbirth or miscarriage, as "PUERPERAL septichaeetc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness," "Heart failure," "Haemorrhage," "Inanition," "Maras-"Collapse," "Coma," "Convuisions," "Debility" ("Conthenia," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "As-Bronchopneumonia (secondary), 10 ds. Never report ampie: Measles (disease causing death), 29 affection need not be stated unless important. valvular heart disease; Chronic interstitial nephritis. nant neoplasms); Measles; Whooping cough; Chronic oma. Sarcoma. etc., of .. is iess definite; avoid use of "Tumor" for mailg-The contributory (secondary or intercurrent) Aiways qualify all diseases resulting from "Senlie," etc.), "Dropsy," (Recommendations on statement of (name origin; "Can-State cause for "Exhaustion," Examples: 00.



1 PLACE OF DEATH

STATE OF MARYLAND

[Approved by U. S. Census and American Public Health Association.]

who have no occupation whatever, write None. cated thus: CAUSING DEATH, state occupation at beginning of illbeen changed or given up on account of the disease of persons engaged in domestie service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as duties of the household only (not paid Housekeepers minc, etc. fication as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise specistatement. Scrvant, Cook, Housemaid, etc. If the occupation has material worked on may form part of the second it should be used only when needed. additional line is provided for the latter statement; Grocery; (a) Foreman, (b) Automobile factory. the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nee-Physician, Compositor, Architect, Locomotive Civil engineer, Stationary fireman, etc. But iu many first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the applies to each aud every person, irrespective of age ness of various pursuits can be known. The question tion is very important, so that the relative healthful-Statement of occupation-Precise statement of occupa-Spinner, If retired from business, that fact may be iudi-Women at home, who are engaged in the Never return "Laborer," Farmer (retired 6 yrs.) For persous (b) Cotton mill; (a) Salesman, As examples: "Foreman," engineer, (6)

Statement of cause of death—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) \*\*STyphoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite): Tubereulesis of lungs, meninges, peritonaeum, etc., Carcin-

ture of the American Medical Association.) cause of death approved by Committee on Nomenclainjury, as fracture of skull, and consequences (e. g., by carbolic acid-probably suicide. The nature of the such, if impossible to determine definitely. Examples: mia," "Tuerreral peritonitis," etc. State cause for childbirth or miscarriage as "Puerperal septichac-"Contributory." dent; Revolver Accidental drowning; Struck by railway train-ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably LENT DEATHS state MEANS OF INJURY and qualify as which surgical operation was undertaken. etc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness," "Heart failure," "Haemorrhage," "Inauition," "Marasgenital," "Senile," etc.), "Dropsy," "Exhaustion," "Collapse," "Coma," "Convulsions," "Debility" ("Contheuia," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditious, such as "Asnalvular heart disease; Chronic interstitial nephritis, nant neoplasms); Measles; Whooping cough; Chronic cer" is less definite; avoid use of "Tumor" for maligoma, Sareoma, etc., of...... (name origin; "Can-Bronchopneumonia (secondary), 10 ds. Never report affection need not be stated unless important. The contributory (secondary or intercurrent) tetanus) may be stated under the head Always qualify all diseases resulting from Measles (disease causing wound of head-homicide; Poisoned (Recommendations ou statement of death), 29 ds.;



If death occurred in

a hospital or institution. give its NAME instead of street and number. ]

[Approved by U. S. Census and American Public Health Association.]

write None. business, that fact may be indicated thus: Farmer (refired state occupation at beginning of illness. or given up on account of the DISEASE CAUSING DEATH, Housemaid, etc. If the occupation has been changed engaged in domestic service for wages, as Servant, Cook, taken to report specifically the occupations of persons employed, as At school or wife, Housework, or At Home, and children, not gainfully who receive a definite salary), may be entered as Housethe duties of the household only (not paid Householpers precise specification as Day laborer, Farm laborer, Laborer of the second statement. Never return "Laborer." "Foreman," "Manager," "Dealer," etc., without more of the second statement. mill; (a) Salesman, (b) Grocery; (a) Foreman, (b) Automobile factory. only when needed. As examples: (a) Spinner, (b) Culton business or industry, and therefore an additional line especially in industrial employments, it is necessary to engineer, Stationary fireman, etc. But in many cases, cian, Compositor, Architect, first line will be sufficient, e. g., Farmer or Planter, Physician, Compositor, Architect, Locomolive engineer, Civil is provided for the latter statement; it should be used know (a) the kind of work and also (b) the nature of the For many occupations a single word or term on the applies to each and every person, irrespective of age. ness of various pursuits can be known. The question tion is very important, so that the relative healthful-Coal mine, etc. Statement of Occupation-Precise statement of occupa-For persons who have no occupation whatever, The material worked on may form part Women at home, who are engaged in At home. Care should be If retired from

Statement of Cause of Death—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia,"); Lobar pneumonia, Bronchopneumonia ("Pneumonia, menin-unqualified, is indefinite); Tuberculosis of lungs, menin-

on statement of cause of death approved by Committee under the head of "Contributory." and consequences (e. g., sepsis, tetanus) may be stated suicide. The nature of the injury, as fracture of skull, head-homicide; Poisoned by carbolic acid-probably suicidal, or homicidal, or as probably such, if impossible to determine definitely. Examples: Accidental drowning; on Nomenclature of the American Medical Association.) Struck by railway troin-accident; Revolver state MEANS OF INJURY and qualify as ACCIDENTAL, surgical operation was undertaken. For violent deaths "PUERPERAL perilonitis," etc. birth or miscarriage as "PUERPERAL septichuemia," cause. Always qualify all diseases resulting from childetc., when a definite disease can be ascertained as the genital," "Senile," etc.), "Dropsy," "Exhaustion, "Anaemia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Concough: Chronic valvular heart disease; Chronic interstitial "Tumor" for malignant neoplasms); Measles; Whooping ges, peritonaeum, etc., Carciuoma, Sarcoma, etc., of ..... "Ileart failure," "Heemorrhage," "Inanition," "Marassymptoms or terminal conditions, such as "Asthenia, chopneumonia (secondary), 10 ds. Example: Measles (disease causing death), 29 ds.; Bron-(name origin; "Cancer" is less definite; avoid use of rent) affection need not be stated unless important. nephralis, etc. " "Old Age," "Shock," "Uracmia," "Weakness, The contributory (secondary or intercur-State cause for which Never (Recommendations report mere nound.



CERTIFICATE OF DEATH pinous OCCUPATION Registered No. I'lf death occurred in a hospital or Institution. give its NAME instead of street and oumber.] MEDICAL CERTIFICATE OF DEATH PERSONAL AND STATISTICAL PARTICULARS WIDOWED, (Month) ORDIVORCED Write the word) HEREBY CERTIFY, That I attended deceased from B DATE OF BIRTH classified. 4 (Day) pe 7 AGE If LESS than and that death occurred on the date stated above, at should 1 day .....hrs. The CAUSE OF DEATH \* was as follows: properly 8 OCCUPATION (a) Trade, profession, or AGI NX (b) General nature of Industry, pe supplied. business, or establishment in ADING may which employed (or employer) ..... 9 BIRTHPLACE (Secondar) (State or country) UNF 10 NAME OF FATHER 0 11 BIRTHPLACE ARENT OF FATHER pino (State or country) \*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDEN-12 MAIDEN NAME TAL, SUICIDAL, OF HOMICIDAL. plain OF MOTHER 16 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS 13 BIRTHPLACE 2 At place OF MOTHER (State or country) DEATH 0 ō important. Every Ite (Address) ..... 15 ADDRESS Filed. m ż more blanks are needed, address State Registrar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

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Association.]

cases, especially in industrial employments, it is neccated thus: Farmer (retired 6 yrs.). For persons of persons engaged in domestic service for wages, as duties of the household only (not paid Housekeepers "Manager," "Dealer," etc., without more precise speci-(a) Spinner, (b) Cotton mill; (a) Salesman, Grocery; (a) Foreman, (b) Automobile factory. it should be used only when needed. additional line is provided for the latter statement; the nature of the business or industry, and therefore an applies to each and every person, irrespective of age ness of various pursuits can be known. The question CAUSING DEATH, state occupation at beginning of ill-Servant, Cook, Housemaid, etc. If the occupation has should be taken to report specifically the occupations gainfully employed, as At school or At home. Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as mine, etc. fication, as Day laborer, Farm laborer, Laborerstatement. material worked on may form part of the second essary to know (a) the kind of work and also (b) Civil engineer, Stationary fireman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the tion is very important, so that the relative healthfulwho have no occupation whatever, write None. been changed or given up on account of the DISEASE Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," As examples: "Foreman," (4)

> etc., when a definite disease can be ascertained as the ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably which surgical operation was undertaken. For viomia," "PUERPERAL peritonitis," etc. childbirth or miscarriage, as "PUERPEBAL scptichacmus," "Old Age," "Shock," "Traemia," "Weakness," thenia." "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "Asampie: Meastes (disease causing death), 29 di .: affection need not be stated unless important. valvular heart disease; Chronic interstitial acphritis nant neoplasms) : Measles; Whooping cough; Chronic ture of the American Medicai Association.) cause of death approved by Committee on Nomencla-"Contributory." scpsis, tctanus) may be stated under the head of injury, as fracture of skull, and consequences (e. g., by curbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-accisuch, if impossible to determine definitely. LENT DEATHS State MEANS OF INJURY and qualify as cause. "Heart fallure," "Haemorrhage," "Inanition," "Maras-"Collapse." "Coma," "Convulsions," "Debility" ("Con-Bronchopncumonia (secondary), 10 ds. oma. Sarcoma. etc., of is less definite; avoid use of "Tumor" for mailg-The contributory Always qualify all diseases resulting from "Senile." etc.), "Dropsy," (Recommendations on statement of (secondary or intercurrent) (name origin; "Can-State cause for "Exhaustion," Never report Examples:

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

APR 6 1915
BUREAU, V.S.

1 PLACE OF DEATH STATE OF MARYLAND PHYSICIANS t statement of CERTIFICATE OF DEATH County Registration Dist. No. If death occurred in Ward) EXACTLY. P a hospital or Institution, give its NAME instead ef street and number. ] RECORD classified. MEDICAL CERTIFICATE OF DEATH SINGLE. 16 DATE OF DEATH stated MARRIED PERMANENT WIDOWED OR DIVORCED properly certificate pe 6 DATE OF BIRTH should pe 0 7 AGE If LESS than AGE s it may and that death occurred on the date stated above, as 1 day, hrs. back min. ? supplied. ous ou B OCCUPATION (a) Trade, profession, or particular kind of work (b) General nature of industry terms, instructi business, or establishment in (Buration) carefully which employed (or employer) 9 BIRTHPLACE Contributory (State or country) Secondary C a Se 10 NAME OF ø Q FATHER 2 (Signed) pino important. I, 11 BIRTHPLACE /. 191.3 ENT AT OF FATHER \*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury; and (2) whether Accidental, (State or country) N W  $\alpha$ 12 MAIDEN NAME SUICIDAL OF HOMICIDAL. LL. PA OF MOTHER informatic CAUSE OF N Is very in 18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS OR RECENT RESIDENTS 13 BIRTHPLACE In the At placa OF MOTHER State, ......yrs. ..... mos. of death . . . yrs. ..... mos. ..... (State or country) should state CAI Where was disease contracted, if not at place of death?... usual residence 19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL 15 ADDRESS  $\omega$ REGISTRAR Z Il more blanks are needed, address State Registrar, '16 W. Saratoga St., Balto., Requesting V. S. No. 1.

V. S. No. 1.

[Approved by U. S. Census and American Public Health Association.]

write None. E yrs.). For persons who have no occupation whatever, business, that fact may be indicated thus: Farmer (retired state occupation at beginning of illness. or given up on account of the nisease causing death, Housemaid, etc. If the occupation has been changed engaged in domestic service for wages, as Servant, Cook taken to report specifically the occupations of persons employed, as At school or At home. Care should be wife, Housework, or At Home, and children, not gainfully who receive a definite salary), may be entered as Housethe duties of the household only (not paid Housekeepers precise specification as Day laborer, Farm laborer, Laborer of the second statement. Never return "Laborer," "Foreman," "Manager." "Dealer," etc., without more mobile factory. mill; (a) Salesman, (b) Grocery; (a) Foreman, only when needed. As examples: (a) Spinner, (b) Cotton business or inclustry, and therefore an additional line is provided for the latter statement; it should be used cian, Compositor, Architect, first line will be sufficient, e. g., Farmer or Planter, Physiknow (a) the kind of work and also (b) the nature of the especially in industrial employments, it is necessary to engineer, Stationary fireman, etc. But in many cases, applies to each and every person, irrespective of age. tion is very important, so that the relative healthful-Coal mine, etc. Statement of Occupation-Precise statement of occupamany occupations a single word or term on the various pursuits can be known. The question The material worked on may form part Women at bome, who are engaged in Locomoline engineer, Civil If retired from (b) Auto-

Statement of Cause of Death—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia. Bronchopneumonia ("Pneumonia," unqualified, is indefinite); Tuberculosis of lungs, menin-

on Nomenclature of the American Medical Association.) on statement of cause of death approved by Committee under the head of "Contributory." (Recommendations and consequences (e. g., sepsis, lelanus) may be stated suicide. The nature of the injury, as fracture of skull, head-homicide; SUICIDAL, or HOMICIDAL, or as probably such, if impossible to determine definitely. Examples: Accidental drowning: state MEANS OF INJURY and qualify as ACCIDENTAL, surgical operation was undertaken. For violent deaths "PUERPERAL perilonitis," etc. State cause for which cause. Always qualify all diseases resulting from childmus," "Old Age," "Shock," "Uracmia," "Weakness, "Heart failure," "Haemorrhage," "Inanition," "Maraslapse," "Coma," "Convu genital," "Senile," etc.), symptoms or terminal conditions, such as "Asthenia," Struck by railway train—accident; Revolver wound of etc., when a definite disease can be ascertained as the "Anaemia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Conchopneumonia (secondary), 10 ds. Example: Measles (disease causing death), 29 ds.; Bronrent) affection need not be stated unless important. nephrilis, etc. cough; Chronic valendar heart disease; Chronic interstitial "Turnor" for malignant neoplasins); Meastes; Whooping (name origin; "Caneer" is less definite; avoid use of ges, perilonaeum, etc., Carcinoma, Sarcoma, etc., of..... or miscarriage as The contributory (secondary or intercar-Poisoned "PUERPERAL septieharmia," by carbolic acid-probably "Dropsy." Never report mere "Exhaustion,"



#### PERMANENT WRITE PLAINLY, WITH UNFADING INK-THIS IS A

Every Item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very Important. See instructions on back of certificate. N. B.

	1 PLACE OF DEATH	STATE OF MARYLAND
V	County a Q Q	CERTIFICATE OF DEATH
		Registration Dist. No. 2/
	Village or City (Magalifugho 43)	Ward) [If death occurred in a hospital or institution, give its NAME instead
	FULL NAME Elizabeth	of street and number.]
	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
	3 SEX 4 COLOR OR RAGE 5 SINGLE, MARRIED, WIDOWED, ORDINORGED ORDINORGED	16 DATE OF DEATH March /7 , 1915 - (Month) (Day (Year)
	B DATE OF BIRTH	17 I HEREBY CERTIFY, That I attended deceased from
	May 20th, 1801	, 191, to, 191,
	(Month) (Day (Year)	that I last saw h
	TAGE  If LESS than 1 day,hrs.	and that death occurred on the date stated above, at 2.30 fm.
	0 3 yrs mos ds. ORmin. ?	The CAUSE OF DEATH* was as follows:
	BOCCUPATION (a) Trade, profession, or	a 10
X	particular kind of work.	no physician in attendance.
	business, or establishment in which employed (or employer)	(Duration) yrs mos 4 ds.
	9 BIRTHPLACE (State or country)	Contributory
	Jarag 100	Secondary (Duration) / yrs mas ds
	10 NAME OF FATHER	(Signed) MSMElch HO M. D.
	11 BIRTHPLACE	March 19,1915 - (Address) Dunaholi
	Z OF FATHER (State or country)	*State the DISEASE CAUSING DEATH or in deaths from William
	11 BIRTHPLACE OF FATHER (State or country)  12 MAIDEN NAME OF MOTHER	CAUSES, STATE (1) MEANS OF INJURY; and (2) whether Acciden- TAL, SUICIDAL, OF HOMICIDAL.
	a sure queen	1BLENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)
	13 BIRTHPLACE OF MOTHER (State or country) Mt Lable ma	Af place In the of death yrs mos ds. State yrs mos ds
	14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	Where was disease contracted, If not at place of death?
	(Informant) James Thomas Cow	Former or
	14 3. Washin to Ct	19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL
	(Address)	mt Jobso mMarela 20, 1915
	Filed March 19, 1915 - Am S Wilch REGISTRAR	Lancel allen 32. n, w, St
1		

If more blanks are needed, address State Registrar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

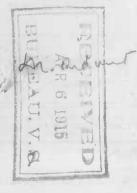
[Approved by U. S. Census and American Public Health Association.]

Servant, Cook, Housemaid, etc. If the occupation has gainfully employed, as At school or At home. Housewife, Housework, or At Home, and children, not duties of the household only (not paid Housekeepers mine, etc. "Mauager," "Dealer," etc., without more precise specistatement. (a) Spinner, (b) Cotton mill; (a) Salesman, Grocery; (a) Foreman, (b) Automobile factory. additional line is provided for the latter statement; applies to each and every person, irrespective of age ness of various pursuits can be known. The question who have no occupation whatever, write None. cated thus: Farmer (retired 6 yrs.) For persons CAUSING DEATH, state occupation at beginning of illbeen changed or given up on account of the disease of persons engaged in domestic service for wages, as should be taken to report specifically the occupations who receive a definite salary), may be entered as fication as Day laborer Farm laborer Laborer Coal material worked ou may form part of the second it should be used only when ueeded. the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) Civil engineer, Stationary fireman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., For many occupatious a single word or term on the tion is very important, so that the relative healthful-Statement of occupation-Precise statement of occupaespecially in industrial employments, it is nec-If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," Farmer or Planter, Salesman, As examples: "Foreman,"

Statement of cause of death—Name, first, the disease causing dearm (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) Typhoid fever (never report "Typhoid dineumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is iudefinite): Tuberculesis of lungs, meninges, peritonaeum, etc., Carcin-

75131

nant neoplasms); Measles; Whooping cough; Chronic LENT DEATHS state MEANS OF INJURY and qualify as which surgical operation was undertaken. For viomus," "Old Age," "Shoek," "Uraemia," "Weakness," "Heart failure," "Haemorrbage," "Inanition," "Maras-"Collapse," "Coma," "Convulsions," "Debility" ("Conthenia," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditious, such as "Asample: Measles (disease causing death), 29 ds.; affection need not be stated unless important. valvular heart disease; Chronic interstitial nephritis, oma, Sarcoma, etc., of..... (uame origin; "Canture of the American Medical Association.) cause of death approved by Committee on Nomenela-"Contributory." sepsis, tetanus) may be stated under the head injury, as fracture of skull, and cousequences (e. g., by earbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned Aceidental drowning; Struck by railway train-accisuch, if impossible to determine definitely. Examples: AUCIDENTAL, SUFERDAL, OF SECURIAL, OF AS probably childbirth or miscarriage as "Puenperal septichacetc., when a definite disease can be ascertained as the Bronchopneumonia is less definite; avoid use of "Tumor" for malig-The contributory (secondary or intercurrent) "Puerpenal peritonitis," etc. Always qualify all diseases resulting from "Senile," etc.), "Dropsy," "Exhaustion, (Recommendations on statement of (secondary), 10 ds. State cause for Never report



1 PLACE OF DEATH STATE OF MARYLAND CERTIFICATE OF DEATH Registration Dist. No. PHYSICIANS sh fif death occurred in Village or City RECORD hospital or institution. give its NAME Instead of street and number.] statement PERSONAL AND STATISTICAL PARTICULARS FNJ MEDICAL CERTIFICATE OF DEATH 4 COLOR OR RAGE 5 SINGLE. 16 DATE OF DEATH MARRIED. ERMAN BINDING WIDOWED, ORDIVORCED (Write the word) (Month) (Dav Exact classified. pe (Year) 7 AGE pino if LESS than and that death occurred on the date stated above, at 1 day hrs. OR ..... min. ? properly L. BOCCUPATION 0 (a) Trade, profession, or 4 particular kind of work. supplied. pe (b) General nature of industry, UNFADING business, or establishment in may which employed (or employer) certificate. 9 BIRTHPLACE (State or country) Contributory. Secondary that Duration) Œ 10 NAME OF FATHER (Signed) 20 10 ARGIN be back S terms, 11 BIRTHPLACE ARENT hould OF FATHER (State or country) \*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL. 60 12 MAIDEN NAME plain Instructions OF MOTHER Information 18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS) \_ 13 BIRTHPLACE At place OF MOTHER (State or country In the EATH of death State \_\_\_\_\_ yrs.\_\_\_ \_\_\_\_\_ yrs. \_\_\_\_ mos. \_\_\_\_ ds. mos. ... WRITE Where was disease contracted. OF DE If not at place of death?. Former or OF Item Every Item CAUSE OF Important. usuai rasidence BURIAL OR REMOVAL DATE OF BURIAL 15 20 UNDERTAKER ADDRESS REGISTRAR f more blanks are needed, address State Registon, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Health Association.]

of persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. who receive a definite salary), may be entered as statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc., without more precise speciwho have no occupation whatever, write None. CAUSING DEATH, state occupation at beginning of illbeen changed or given up on account of the DISEASE Servant, Cook, Housemaid, etc. If the occupation has Housewife, Housework, or At Home, and children, not duties of the household only (not paid Housekeeper's fication as Day laborer, Farm laborer, Laborer-Coal material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. The (a) Spinner, (b) Cotton mill; (a) Salesman, it should be used only when needed. As examples: additional line is provided for the latter statement; the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Civil engineer, Stationary fireman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the applies to each and every person, irrespective of age. ness of various pursuits can be known. The question tion is very important, so that the relative healthful-Statement of occupation-Precise statement of occupathus: If retired from business, that fact may be indi-Women at home, who are engaged in the Farmer (retired 6 yrs.) For persons

Statement of cause of death—Name, first, the disease causing death—Name, first, the disease causing death—Name, first, the disease causing death with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerchrospinal fever (the only definite synonym is "Epidemic eerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) Typhoid fever (never report "Typhoid disease. Bronchopneumonia," unqualified, is indefinite): Tuberculesis of lungs, meninges, peritonaeum, etc., Carcin-

cause of death approved by Committee on Nomenclasepsis, tetanus) may be stated under the head of "Contributory." (Recommendations on statement of injury, as fracture of skull, and consequences (e. g., dent; Revolver wound of head-homicide; Poisoned such, if impossible to determine definitely. Examples: ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably LENT DEATHS state MEANS OF INJURY and qualify as childbirth or misearriage as "Puerperal septichac-mia," "Puerperal peritonitis," etc. State cause for ete., when a definite disease can be ascertained as the mus," "Old Age," "Shoek," "Uraemia," "Weakness," "Heart failure," "Hacmorrhage," "inanition," "Maras-"Collapse," "Coma," "Convulsions," "Debility" ("Conthenia," "Anaemia" (mcrely symptomatic), "Atrophy," affection need not be stated unless important. ralvular heart disease; Chronic interstitial nephritis, nant neoplasms); Measles; Whooping cough; Chronic oma, Sarcoma, etc., of...... (name origin; "Canture of the American Medical Association.) by carbolic acid-probably suicide. The nature of the Accidental drowning; Struck by railway train-acciwhich surgical operation was undertaken. For viomere symptoms or terminal conditions, such as "As-Bronchopncumonia (secondary), 10 ds. is less definite; avoid use of "Tumor" for malig-The contributory (secondary or intercurrent) Always qualify all diseases resulting from Measles (disease eausing death), 29 ds.; "Senile," etc.), "Dropsy," "Exhaustion," Never report



V. 53.

N.B.

1 PLACE OF DEATH	STATE OF MARYLAND
County 1	CERTIFICATE OF DEATH
	Registration Dist. No. 22
Village or City tssups (No	St.; Ward)  [If death occurred in a hospital or institution, give its NAME instead of street and number.]
2FULL NAME Mario	
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL GERTIFICATE OF DEATH
3 SEX 4 COLOR OR RACE 5 SINGLE, MARRIED, WIDOWED, WIDOWED, ORDIVORCED Sungle	16 DATE OF DEATH Much 18, 1915 (Month) (Day (Year)
Write the word)	17 I HEREBY CERTIFY, That I attended deceased from
DATE OF BIRTH 1885	march 15, 1915; to march 18, 1915;
(Month) (Day (Year)	that I last saw h day alive on Arch 18 1913
7 AGE  2 0	and that death occurred on the date stated above, atm, The CAUSE OF DEATH* was as follows:
(a) Trade, profession, or particular kind of work  (b) General nature of industry, business, or establishment io which employed (or employer)	Jocal Jeriotutes  (Buration) yrs mos ds.
9 BIRTHPLACE (State or country) Not friown	Contributory Curkerown Secondary
10 NAME OF FATHER Pot Known 5.	(Signed) (Si
11 BIRTHPLACE OF FATHER (State or country)  12 MAINTER OF MOTHER  OF MOTHER	*State the DISEASE CAUSING DEATH, or, in deaths from Wigneys
of Mother A Livun	CAUSES, state (1) MEANS OF INJURY; and (2) whether Acciden- TAL, SUICIDAL, OF HOMICIDAL.  18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS,
13 BIRTHPLACE OF MOTHER (State or country)  14 THE ABOVE IS THUS TO THE BEST OF MY KNOWLESSEE	At place of death yrs mos ds. State yrs mos ds  Where was disease contracted.
(Informant) Secur do of Dustitution.	If not at place of death?————————————————————————————————————
(Address) Esstepo Md	Intelligence buryand March 5, 1915
Filed Marc 9, 1915 Seed and OShan	Istitutions official Jessey nd
more blanks are needed, address State Regis	trar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

[Approved by U. S. Census and American Fublic Health Association.]

Servant, Cook, Housemaid, etc. If the occupation has should be taken to report specifically the occupations duties of the household only (not paid Housekeepers fication as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise specithe nature of the business or industry, and therefore an who have no occupation whatever, write None. eated thus: Farmer (retired 6 yrs.) For persons CAUSING DEATH, state occupation at beginning of illbeen changed or given up on account of the disease of persons engaged in domestic service for wages, as gainfully employed, as At school or At home. Care Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as statement. material worked on may form part of the second Groccry; (a) Foreman, (b) Automobile factory. The (a) Spinner, (b) Cotton mill; (a) Salcsman, it should be used only when needed. additional line is provided for the latter statement; essary to know (a) the kiud of work and also (b) cases, especially in industrial employments, it is uee-Civil engineer, Stationary fireman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the applies to each and every person, irrespective of age. ness of various pursuits can be known. The question tion is very important, so that the relative healthful-Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," As examples: "Foreman," (6)

Statement of cause of death—Name, first, the disease causing neath (the primary affection with respect to time and eausation), using always the same accepted term for the same disease. Examples: Cercbrospinal fever (the only definite synonym is "Epidemic eerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) Typhoid fever (never report "Typhoid pneumonia"); Lobar pncumonia; Bronchopneumonia ("Pneumonia," uuqualified, is indefinite): Tuberculesis of lungs, meninges, peritonaeum, etc., Carcin-

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[Approved by U. S. Census and American Public Health Association.]

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ACCIDENTAL, SUICIDAL, OF LOMICIDAL, OF AS probably such, if impossible to determine definitely. Examples: mia," "Puenperal peritonitis," etc. State cause for "Heart failure," "Haemorrhage," "lnanition," "Marasmus," "Old Age," "Shock," "Uraemia," "Weakness," ralvular heart discase; Chronic interstitial nephritis, nant neoplasms); Measles; Whooping cough; Chronic scpsis, tetanus) may be stated under the head of injury, as fracture of skull, and consequences LENT DEATHS State MEANS OF INJURY and qualify as childblrth or misearriage as "Puerperal septiehaccause. genital," "Senile," etc.), "Dropsy," "Exhaustion," "Collapse," "Coma," "Convilsions," "Debility" ("Conthenia," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "Asoma, Sarcoma, etc., of..... (name origin; "Canture of the American Medical Association.) cause of death approved by Committee on Nomencla-"Contributory." by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-acciwhich surgical operation was undertaken. For vioetc., when a definite disease can be ascertained as the Bronchopneumonia (secondary), 10 ds. Never report affection need not be stated unless important. The contributory (secondary or intercurrent) is less definite; avoid use of "Tumor" for malig-Always qualify all diseases resulting from Measles (disease eausing death), 29 ds.; (Recommendations on statement of

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

11:



S. No. 1. . Important.

N.B.

RECORD PERMANENT 4 UNFADING INK-THIS IS carefully supplied. may be DEATH in plain terms, so that it man WRITE PLAINLY, WITH -Every Item of Information should be CAUSE OF DEATH in plain terms, s

. AGE should be stated EXACTLY. PHYSICIANS should state properly classified. Exact statement of OCCUPATION is very

1 PLACE OF DEATH



#### STATE OF MARYLAND CERTIFICATE OF DEATH

Registration Dist. No.

-Ward)

[If death occurred in a hospital or lostitution, give its NAME instead of street and number.]

	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE	OF DEATH	
35	** COLOR OR RACE SINGLE, MARRIED, WIDOWED. WIDOWED. ORDIVORCED (Write the word)	16 DATE OF DEATH Man (Month)	26 ,1915 (Day (Year)	
8 D	(Month) (Day (Year)	17 I HEREBY CERTIFY, That May 25, 1915, to that I last aaw here alive on 27144	2 I attanded deceased from , 191, 1941	
TA	38 yrs 6 mos 8 ds. or min.?	and that death occurred on the date stated above, at 10 20 r		
pa (a	CCUPATION ) Trade, protession, or riticular kind of work	Lutz reclosis	Que	
bus	deneral dature of Industry, classs, or establishment in ich employed (or employer)	(Ouration) Dryts A Price 1 1 de		
-	RTHPLACE (State or country)	ContributorySecondary		
S	10 NAME OF FATHER PARTIES Dunch	(Signed) Shown as 4 Bro	yrs mos ds.	
ARENTS	OF FATHER (State or country) Carrend	*State the DISEASE CAUSING DEATH, CAUSES, state (1) MEANS OF INJURY; TAL, SUICIDAL, OF HOMICIDAL.	***************************************	
PA	13 BIRTHPLACE OF MOTHER (State or country) Down Muss			
	(Interment) ALLOR L MELOGE	Where was disease contracted, If not at place of death? Former or usual residence.		
	(Address) Letern & FD	HOLE OF BURIAL OR REMOVAL	Mar 29 191	
15		20 UNDERTAKER		

[Approved by U. S. Census and American Public Health Association.]

causing death, state occupation at beginning of illshould be taken to report specifically the occupations who have no occupation whatever, write None. cated thus: been changed or given up on account of the disease Scrvant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as gainfully employed, as At school or At home. Care Housewife, Housework, or At Home, and children, not duties of the household only (not paid Housekeepers fication as Day laborer, Farm laborer, Laborerwho receive a definite salary), may be entered as mine, etc. "Manager," "Dealer," etc., without more precise specistatement. material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. The it should be used only when needed. additional line is provided for the latter statement; the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Physician, Compositor, Architect, Locomotive engineer, ness of various pursuits can be known. The question (a) Spinner, Civil engineer, Stationary freman, etc. But in many first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the applies to each and every person, irrespective of age. tion is very important, so that the relative healthful-Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Never return Farmer (retired 6 yrs.) For persons (b) Cotton mill; (a) Salesman, "Laborer," As examples: "Foreman," -Coal (6)

Statement of cause of death—Name, first, the disease causing death—Name, first, the disease causing death—Name, first, the disease causing death and eausation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic eerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite): Tuberculesis of lungs, meninges, peritonaeum, etc., Carcin-

cause of death approved by Committee on Nomenclature of the American Medical Association.) "Contributory." scpsis, tetanus) may be stated under the head of injury, as fracture of skull, and consequences (e. by carbolic acid-probably suicidc. The nature of the dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railreay train-accisuch, if impossible to determine definitely. Examples: ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF AS probably LENT DEATHS state MEANS OF INJURY and qualify as which surgical operation was undertaken. For viomia," "Puerperal peritonitis," etc. State cause for childbirth or misearriage as "Puerperal septichaeetc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness," "Heart failure," "Haemorrhage," "Inanition," "Marasgenital," "Collapse," "Coma," "Convulsions," "Debility" ("Conthenia," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "Asample: Measles (disease causing death), 29 ds.; affection need not be stated unless important. valvular heart disease; Chronic interstitial nephritis, nant neoplasms); Measles; Whooping cough; Chronic cer" is less definite; avoid use of "Tumor" for maligoma, Sarcoma, etc., of...... (name origin; "Can-Bronchopneumonia (secondary), 10 ds. The contributory (secondary or intercurrent) Always qualify all diseases resulting from "Senile," etc.), (Recommendations on statement of "Dropsy," "Exhaustion," Never report



PLACE OF DEATH ATE OF MARYLAND DEATH should ION Is OCCUPATION Registered No If death occurred in a hospital or institution. give its NAME instead of street and number. 1 MEDICAL CERTIFICATE OF DEATH PERSONAL AND STATISTICAL PARTICULARS 16 DATE OF DEATH S SINGLE. SEX 4 COLOR OR BACE MARRIED. WIDDWED, Write the word) 6 DATE OF BIRTH classified. d (Day) (Year) m pe TAGE If LESS than and that death occurred on the date stated above, at 1 day ..... hrs. The CAUSE OF DEATH \* was as follows: OR ..... min. ? properly BOCCUPATION AG (a) Trade, profession, or (b) General nature of industry. supplied. business, or establishment in UNFADING may which employed (or employer) Contributory 9 BIRTHPLACE (Secondary (State or country) thst 10 NAME OF FATHER 80 WITH 11 BIRTHPLACE terms. ARENT OF FATHER (State or country) pino State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDEN-12 MAIDEN NAME TAL, SUICIDAL, OF HOMICIDAL. AINLY plain OF MOTHER Instructions 18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS) 13 BIRTHPLACE At place PL OF MOTHER (State or country EATH 00 P 0 usual residence. mportant. Every It ADDRESS 1914 Filed. m ż 11 more blanks are needed, address State Registrar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Health Association.]

duties of the household only (not paid Housekeepers "Manager," "Dealer," etc., without more precise specieases, especially in industrial employments, it is neccated thus: Farmer (retired 6 yrs.). For persons CAUSING DEATH, state occupation at beginning of ilibeen changed or given up on account of the DISEASE Servant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as mine, etc. fication, as Day laborer, Farm laborer, Laborer statement. material worked on may form part of the second (a) Spinner, (b) Cotton mill; (a) Salesman, Grocery; (a) Foreman, (b) Automobile factory. it should be used only when needed. additional line is provided for the latter statement; the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the applies to each and every person, irrespective of age. ness of various pursuits can be known. The question tion is very important, so that the relative healthfulwho have no occupation whatever, write None. Civil engineer, Stationary fireman, etc. But in many Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indl-Women at home, who are engaged in the Never return "Laborer." As examples: "Foreman," The (6)

Statement of cause of death—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite); Tuberculosis of lungs, meninges, pertionaeum, etc... Carcin-

cause of death approved by Committee on Nomenclascpsis, tetanus) may be stated under the head of "Contributory." (Recommendations on statement of injury, as fracture of skull, and consequences (e. g., by carbolic acid-probably suicide. The nature of the such, if impossible to determine definitely. ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF AS probably which surgical operation was undertaken. mia," "TUEBPEBAL peritonitis," etc. childbirth or miscarriage, as "Purperal scottchacetc., when n definite discase can be ascertained as the mus," "Old Age," "Shock," "Traemia," "Weakness," genital," "Senlle." etc.), "Dropsy," "Collapse." "Coma," "Convuisions," "Debility" ("Contheula," "Anaemia" (merely symptomatic), "Atrophy." mere symptoms or terminal conditions, such as "Asample: Measles (disease causing death), 29 de.; affection need not be stated unless important. nant neoplasms) : Measics; Whooping cough: Chronic ture of the American Medical Association.) "Contributory." dent; Revolver wound of head-homicide; Potsoned Accidental drowning; Struck by railway train-acci-LENT DEATHS State MEANS OF INJURY and qualify as "Heart failure," "Haemorrhage," "Inanition," "Marus-Bronchopncumonia (secondary), 10 ds. valvular heart disease; Chronic interstitial nephritis oma. Sarcoma, etc., of is less definite; avoid use of "Tumor" for malig-The contributory Always qualify all diseases resulting from (secondary or intercurrent) (name origin: "Can-State cause for "Exhaustion," Never report Examples: For vio-



N. B.—Every ltem of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate. PERMANENT RECORD FOR BINDING < IS WRITE PLAINLY, WITH UNFADING INK-THIS RESERVED MARGIN V. S. No. 1.

Co	County Co				
Vii	11age or City aufrolis mono Confe 2FULL NAME Carle Stan	A C			
	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH			
3 s	1 de Color or RACE 5 SINGLE, MARRIED, WIDOWED, WIDOWED, WITH the word)	16 DATE OF DEATH  (Month)  (Day  (Year)  17    hereby Certify, That I attended deceased from			
6 D	Sept 9th, 1968	that I last saw him alive on March 11 1915			
(2	It LESS than 1 day, hrs.  OCCUPATION a) Trade, protession, or articular kind of work  OCCUPATION	and that death occurred on the date stated above, at 1-50 A m. The CAUSE OF DEATH* was as follows: Reytung Gangieraers affectively Thereat Therefore the			
bu Wi	of Beneral nature of industry,  siness, or establishment in  hich employed (or employer)  IRTHPLACE (State or country)	Contributory Secondary			
PARENTS	10 NAME OF FATHER John Stepney  11 BIRTHPLACE OFFATHER (State or country) Conceptual and 12 MAIDEN NAME	(Signed) Walton & Hoylams, M.D.  *State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury; and (2) whether Accidental, Suicidal, or Homicidal.			
	13 BIRTHPLACE OF MOTHER (State or country) Auragraliz / 11 d	18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS OR RECENT RESIDENTS)  At place of death yrs, mos, ds. State yrs, mos, ds			
14	(Interment) The BEST OF MY KNOWLEDGE THE CHICAGO (Interment) Contract of the BEST OF MY KNOWLEDGE THE CHICAGO (Interment)	Where was disease contracted, If not at place of death?  Former or USUAl residence  19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL			
15 F	iled Mcl. 13, 1915 - Amgnileh REGISTRAR	20 UNDERTAKER CEMETRY MARCH 14, 1917 ADDRESS Samuel aller 32 hortywest			
	If more blanks are needed, address State Regis	strar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.			

[Approved by U. S. Census and American Public Health Association.]

who have no occupation whatever, write Nonc. cated thus: Farmer (retired 6 yrs.) For persons should be taken to report specifically the occupations gainfully employed, as At school or At home. Care mine, etc. Women at home, who are engaged in the CAUSING BEATH, state occupation at beginning of illbeen changed or given up on account of the disease Servant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as duties of the household only (not paid Housekeepers fication as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise specistatement. material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. The it should be used only when needed. additional line is provided for the latter statement; the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, (a) Spinner, (b) Cotton mill; (a) Salesman, Civil engineer, Stationary fireman, etc. But in many applies to each and every person, irrespective of age ness of various pursuits can be known. The question For many occupations a single word or term on the tion is very important, so that the relative healthful-Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Never rcturn "Laborer," As examples: "Foreman," (0)

Statement of cause of death—Name, first, the disease causing death—It respect to time and eausation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic eerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) \*Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite): Tubercucsis of lungs, meninges, peritonaeum, etc., Carcin-

ture of the American Medical Association.) cause of death approved by Committee on Nomenelaschsis, tetanus) may be stated under the head of "Contributory." (Recommendations on statement of injury, as fracture of skull, and consequences (c. g., such, if impossible to determine definitely. Examples: ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably IENT DEATHS state MEANS OF INJURY and qualify as mia," "Puerreral peritonities," etc. State cause for "Contributory." dent; Revolver wound of head-homicide; Poisoned childbirth or miscarriage as "Puerperal soptichacby carbolic acid-probably suicide. The nature of the Accidental drowning; Struck by railway train-acci. which surgical operation was undertaken. For vioetc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness," "Heart failure," "Haemorrhage," "Inanition," "Marasgenital," "Senile," etc.), "Collapse," "Coma," "Convulsions," "Debility" ("Conthenia," "Anaemia" (merely symptomatic), "Atrophy," affection need not be stated unless important. cte. The contributory (secondary or intercurrent) nant neoplasms); Measles; Whooping cough; Chronic oma, Sarcoma, etc., of...... (name origin; "Canmere symptoms or terminal conditions, such as "As-Bronchopneumonia (secondary), 10 ds. calcular heart disease; Chronic interstitial nephritis, is less definite; avoid use of "Tumor" for malig-Always qualify all diseases resulting from Measles (disease eausing death), 29 ds.; "Dropsy," "Exhaustion," Never report



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PHYSICIANS

#### PLACE OF DEATH STATE OF MARYLAND CERTIFICATE OF DEATH Registration Dist. No. Ilf death occurred in .....Ward) a hospitel or lostitution. give Ifs NAME Instead of street end number.1 PERSONAL AND STATISTICAL PARTICULARS MEDICAL CERTIFICATE OF DEATH 3 SEX 5 SINGLE. 16 DATE OF DEATH 4 COLOR OR RACE MARRIED. WIDOWED. ORDIVORCED (Write the word) (Month) (Day (Year) I HEREBY CERTIFY. That I attended deceased from (Month) (Year) (Day 7 AGE If LESS than and that death occurred on the date stated above, at 1 dey,....hra. The CAUSE OF DEATH \* Was as follows: OR ..... min. ? BOCCUPATION (a) Trade, profession, or particular kind of work (b) General nature of Industry, business, or establishment in (Duration) which employed (or employer) 9 BIRTHPLACE Contributory Secondary (State or country) (Deration) 10 NAME OF FATHER 11 BIRTHPLACE ., 191 .... (Address) ARENT OF FATHER (State or country \*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, State (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, OF HOMICIDAL. 12 MAIDEN NAME OF MOTHER 18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS) 13 BIRTHPLACE At place in the OF MOTHER (State or country) of deeth \_\_\_\_\_ yrs. \_\_\_\_ ds. Stete \_\_\_\_\_ yrs. \_\_\_\_ mos. \_ Where wes disease contracted. KNOWLEDGE If not at place of death? Former or usuel residence. 19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL (Address) ...

If word blanks are needed, address State Registrar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

REGISTRAR

20 UNDERTAKER

ADDRESS

[Approved by U. S. Consus and American Public Health Association.]

cated thus: Farmer (retired 6 yrs.) For persons ness. If retired from business, that fact may be indi-CAUSING DEATH, state occupation at beginning of illshould be taken to report specifically the occupations additional line is provided for the latter statement; who have no occupation whatever, write None. been changed or given up on account of the disease Servant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as gainfully employed, as At school or At home. Care Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as duties of the household only (not paid Housekeepers mine, etc. fication as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise specistatement. material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. The it should be used only when needed. As examples: the nature of the business or industry, and therefore an Civil engineer, Stationary freman, etc. But in many applies to each and every person, irrespective of age. ness of various pursuits can be known. The question essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the tion is very important, so that the relative healthful-Statement of occupation-Precise statement of occupa-Spinner, Women at home, who are engaged in the Never return "Laborer," "Foreman," (b) Cotton mill; (a) Salesman,

Statement of cause of death—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite): Tuberculesis of lungs, meninges, peritonaeum, etc., Carcin-

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V. S. No. 1.

FOR BINDING

MARGIN RESERVED

	PLACE OF DEATH	STATE OF MARYLAND
Coun	my anne arundal	CERTIFICATE OF DEATH
	1.00 - 6	Registration Dist. No. 2/
Villa	go or City Crownsville State 2 FULL NAME Mary Tayl	a nospital or ins
	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 SE	male Black Single, Married or or or over or con over or con of the first the word	16 DATE OF DEATH March 31 (Month) (Day)
6.DA	(Month) (Day), 1881	March 25, 1915, to March 29 that I last saw h 21 alive on March 29
7 AG	34 yrs. Unformation of min.?	and that death occurred on the date stated above, at / The CAUSE OF DEATH * was as follows:
( a par ( b bus	CCUPATION 1) Trade, profession, or ricular kind of work 1) General nature of Industry siness, or establishment in lich employed (or employer)	Chronic Interactional Reportis  (Ouration) yrs. mos.
	IRTHPLACE (State or country) Manyland	Contributory Secondary  //Quration) yrs. mos.
	10 NAME OF Lennel Brooks	(signed others & Mutured
ENTS	15 BIRTHPLACE OF FATHER (State or country) Unlivour	(*State the Dishase Causing Death, or, in deaths from Vio Causes, state (1) Means of Injury; and (2) whether Accided
PARE	12 MAIDEN NAME OF MOTHER Unfrown	SUICIDAL OF HOMICIDAL.  18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRA
	13 BIRTHPLACE OF MOTHER (State or country) Unknown	At place of death yrs. mos. 4 ds. State, And State,
	(Informant) Hory tal Records	Where was disease contracted, Cerry normalist if not at place of death?  Former or usual residence  Where was disease contracted, Cerry normalist in the place of death?  Former or usual residence
	(Address)	Pristol a a Co mather
15 File	ed Mel 31 7915 Amgmilal	20 UNDERTAKER ADDRESS Anstol.

[Approved by U. S. Census and American Public Health Association.]

write None. business, that fact may be indicated thus: Farmer (retired 6 yrs.). For persons who have no occupation whatever, state occupation at beginning of illness. or given up on account of the DISEASE CAUSING DEATH. Housemaid, etc. If the occupation has been changed engaged in domestic service for wages, as Servant. Cook taken to report specifically the occupations of persons employed, as At school or At home. Care should be wife, Housework, or At Home, and children, not gainfully who receive a definite salary), may be entered as Housethe duties of the household only (not paid Housekeepers precise specification as Day laborer, Farm laborer, Laborer of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc., without more mobile factory. mill; (a) Salesman, (b) Grocery; (a) Foreman, only when needed. As examples: (a) Spinner, (b) Cotton especially in industrial employments, it is necessary to is provided for the latter statement; it should be used business or industry, and therefore an additional line know (a) the kind of work and also (b) the nature of the engineer, Stationary fireman, etc. first line will be sufficient, e. g., Farmer or Planter, Physiapplies to each and every person, irrespective of age ness of various pursuits can be known. The question For many occupations a single word or term on the tion is very important, so that the relative healthful--Coal mine, etc. Statement of Occupation-Precise statement of oecupa-Compositor, Architect, Locomotive engineer, The material worked on may form part Women at home, who are engaged in But in many cases, If retired from (b) Auto-

Statement of Cause of Death—Name, first, the disease causing death—Name, first, the disease causing defection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic eerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia, meninunqualified, is indefinite); Tuberculosis of lungs, menin-

on Nomenclature of the American Medical Association.) on statement of cause of death approved by Committee under the head of "Contributory." and consequences (e. g., sepsis, tetanus) may be stated suicide. The nature of the injury, as fracture of skull head-homicide; Poisoned by surgical operation was undertaken. For violent deaths to determine definitely. Examples: Accidental drowning. SUICIDAL, OF HOMICIDAL, OF as probably such, if impossible state MEANS OF INJURY and qualify as ACCIDENTAL, "PUERPERAL peritonitis," cause. Always qualify all diseases resulting from childetc., when a definite disease can be ascertained as the genital," "Senile," etc.), "Anaemia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Consymptoms or terminal conditions, such as "Asthenia," chopneumonia (secondary), 10 ds. rent) affection need not be stated unless important. genital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Hearmorrhage," "Inanition," "Maras-Example: Measles (disease causing death), 29 ds.; Bronnephrilis, etc. cough; Chronic valvular heart disease; Chronic interstitial "Tumor" for malignant neoplasms); Measles; Whooping (name origin; "Cancer" is less definite; avoid use of or miscarriage as "Puenperal septicharmia, "Old Age," "Shock," "Ureemia," "Weakness, by railway train-accident; Revolver wound of The contributory (secondary or intercuretc. State cause for which carbolic acid-probably Never report mere (Recommendations



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#### STATE OF MARYLAND CERTIFICATE OF DEATH

County Registration Dist, No. Ilt death occurred in St .: Ward) a hospital or institution, give Its NAME Instead of street and number. ] PERSONAL AND STATISTICAL PARTICULARS MEDICAL CERTIFICATE OF DEATH 3 SEX 4 COLOR OR RACE 5 SINGLE. 16 DATE OF DEATH MARRIED. WIDOWED, (Month) (Day (Year) ORDIVORCED (Write the word) I HEREBY CERTIFY, That I attended deceased from 6 DATE OF BIRTH (Day (Year) 7 AGE if LESS than and that death occurred on the date stated above, at 1 day, .....hrs. BOCCUPATION (a) Trade, protession, or particular kind of work. (b) General nature of industry. business, or establishment in (Duration) which employed (or employer) ..... 9 BIRTHPLACE (State or country) Contributory Mane (Duration) 10 NAME OF FATHER S 11 BIRTHPLACE (Address) Dandwy. Cle on ARENTS OFFATHER (State or country) \*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury; and (2) whether Accidental, Suicidal, or Homicidal. 12 MAIDEN NAME OF MOTHER 1 18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS OR RECENT RESIDENTS) 13 BIRTHPLACE At place in the OF MOTHER ot death \_\_\_\_ yrs. \_\_\_ mos. \_\_\_ ds. (State or country) State ..... yrs, \_\_\_\_ mos, \_\_\_ ds Where was disease contracted. 14 THE ABOVE IS TRUE TO THE It not at place of death? Former or usual residence. 19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL 15 20 UNDERTAKER ADDRESS

If more blanks are needed, address State Registrar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Health Association.]

"Manager," "Dealer," etc., without more precise speciadditional line is provided for the latter statement; applies to each and every person, irrespective of age ness of various pursuits can be known. The question who have no occupation whatever, write Nonc. cated thus: CAUSING DEATH, state occupation at beginning of illbeen changed or given up on account of the DISEASE Scrvanl, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as duties of the household only (not paid Housekeepers minc, etc. fication as Day laborer, Farm laborer, Laborer-Coul statement. material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. The It should be used only when needed. the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b)cases, especially in industrial employments, it is nec-Civil engineer, Stationary freman, etc. But in many Physician, Compositor, Architect, Locomolive engineer, first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the Statement of occupation-Precise statement of occupa-Spinner, (b) Cotton mill; (a) Salesman, is very important, so that the relative healthful-If retired from business, that fact may be indl-Women at home, who are engaged in the Never Farmer (retired 6 yrs.) For persons return "Laborer," As examples: "Foreman," (7)

Statement of cause of death—Name, first, the disease causing death (the primary affection with respect to time and eausation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite): Tubercalessis of lungs, meninges, perilonaeum, etc., Carcin-

naut neoplasms); Measles; Whooping cough; Chronic ample: Measles (disease eausing death), 29 ds.; affection need not be stated unless important. ralvular heart disease; Chronic interstitial nephritis, oma, Sarcoma, etc., of...... (name origin; "Can ACCIDENTAL, SUICIDAL, OF HOMICIDAL, or as probably LENT DEATHS state MEANS OF INJURY and qualify as mia," "Puerreral peritonitis," etc. State cause for elilldbirth or miscarriage as "Puerperal septichaeete., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uracmia," "Weakness," "Heart failure," "Haemorrhage," "Inanition," "Maras-"Collapse," "Coma," "Convulsions," "Debility" ("Conthenia," "Anaemia" (merely symptomatie), "Atrophy," mere symptoms or terminal conditions, such as "As-Bronchopnoumonia (secondary), 10 ds. Never report cause of death approved by Committee on Nomenela-"Contributory." injury, as fracture of skull, and consequences (e. g., by carbolic acid-probably snicide. The nature of the dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-accisuch, if impossible to determine definitely. Examples: which surgical operation was undertaken. ture of the American Medical Association.) The contributory (secondary or intercurrent) is less definite; avoid use of "Tumor" for maligtetanus) Always qualify all diseases resulting from "Scuile," etc.), "Dropsy," (Recommendations on statement of may be stated under the head of "Exhaustion," For vio-



	1 PLACE OF DEATH	
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1 PLACE OF DEATH

ULARS

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f day, hrs. OR ..... ?

REGISTRAR

more blanks are needed, address State Registrar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

#### 3160 STATE OF MARYLAND CERTIFICATE OF DEATH

Registration Dist. No. 21

thedial st; 2 Ward)	[If death occurred in a hospital or institution, give its NAME instead of sfreet and number.]

MEDICAL GERIFICATE OF DEATH
16 DATE OF DEATH Mar & , 1913
(Month) (Day (Year)
17 Lef 27, 1913, to Man 8, 1915
that I last saw hand alive on JII lite 8 1915
and that death occurred on the date stated above, at m
The GAUSE OF DEATH* was as follows:
Tolar Primmia.
(Duration) yrs. mos. / O ds
Secondary
(Signed) R. B. Millins M. D.
mar 9, 191 5 (Address) 28 Calvert St
*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury; and (2) whether Accidental, Suicidal, or Homicinal.
18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS
OR RECENT RESIDENTS) Af place in the
of death yrs mos ds. State yrs mos ds
Where was disease contracted,
If nof at place of death?
Former or
usual residence
19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL
13 and 11 notes 1 Min. niste.
20 UNDERTAKER ADDRESS

[Approved by U. S. Census and American Public Health Association.]

who have no occupation whatever, write Nonc. eated thus: Farmer (retired 6 yrs.) For persons Scrvant, Cook, Housemaid, etc. If the occupation has should be taken to report specifically the occupations gainfully employed, as At school or At home. Care dutles of the household only (not paid Housekeepers mine, etc. Women at home, who are engaged in the statement. Never return "Laborer," material worked on may form part of the second additional line is provided for the latter statement; CAUSING DEATH, state occupation at beginning of illbeen changed or given up on account of the disease of persons engaged in domestic service for wages, as Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as fication as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise speci-Grocery; (a) Foreman, (b) Automobile factory. The it should be used only when needed. the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Civil engineer, Stationary freman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the applies to each and every person, irrespective of age. ness of various pursuits can be known. The question tion is very important, so that the relative healthful-(a) Spinner, Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-(b) Cotton mill; (a) Salcsman, As examples: "Foreman," (d)

Statement of cause of death—Name, first, the disease causing death—(the primary affection with respect to time and eausation), using always the same accepted term for the same disease. Examples: Cercbrospinal fever (the only definite synonym is "Epidemic ecrebrospinal meningitis"); Diphtheria (avoid use of "Croup";) "Typhoid fever (never report "Typhoid pneumonia," unqualified, is indefinite): Tuberculesis of lungs, meninges, peritonaeum, etc., Carein-

injury, as fracture of skull, and consequences (e. g., ACCIDENTAL, SUICIDAL, OF HOMICIDAL, or as probably LENT DEATHS State MEANS OF INJURY and qualify as mia," "Puerreral peritonitis," etc. childbirth or misearriage as "Puerperal septichaeetc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness," genital," "Senile," etc.), "Dropsy," "Exhaustion," "Collapse," "Coma," "Convulsions," "Debility" ("Conthenia," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "Asaffection need not be stated unless important. calvular heart disease; Chronic interstitial nephritis, nant neoplasms); Meastes; Whooping cough; Chronic oma, Sarcoma, etc., of...... (name origin; "Caneause of death approved by Committee on Nomenclaby carbolic acid-probably suicide. The nature of the such, if impossible to determine definitely. Examples: which surgical operation was undertakeu. eause. Always qualify all diseases resulting from "Heart failure," "Haemorrhage," "Inanition," "Marasample: Meastes (disease eausing death), 29 ds.; ture of the American Medical Association.) "Contributory." dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-acci-Bronchopneumonia is less definite; avoid use of "Tumor" for malig-The contributory tctanus) may be stated under the head (Recommendations ou statement of (secondary), 10 ds. (secondary or intercurrent) State cause for Never report For vio-



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MARGIN

[Approved by U. S. Census and American Public Health Association.]

Physician, Compositor, Architect, Locomotive engineer, of persons engaged in domestic service for wages, as duties of the household only (not paid Housekeepers fication, as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more procisespeciadditional line is provided for the latter statement; applies to each and every person, irrespective of age who have no occupation whatever, write None cated thus: Farmer (retired 6 yrs.). causing neath, state occupation at beginning of illbeen changed or given up on account of the DISEASE Servant, Cook, Housemaid, etc. If the occupation has should be taken to report specifically the occupations gainfully employed, as At school or At home. Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as mine, etc. Women at home, who are engaged in the statement. material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. it should be used only when needed. the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Civil engineer, Stationary freman, etc. But in many first line will be sufficient, e. g., ness of various pursuits can be known. The question tion is very important, so that the relative healthful-(a) Spinner, (b) Cotton mill; (a) Salesman, For many occupations a single word or term on the Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Never return "Laborer," Farmer or Planter, As examples: For persons "Foreman."

Statement of cause of death—Name, first, the disease causing death—In all ever to the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite); Tuberculosis of lungs, meninges, peritonaeum, etc.. Carcinlosis of lungs, meninges, peritonaeum, etc.. Carcinlosis of lungs, meninges, peritonaeum, etc..

such, if impossible to determine definitely. mia," "PUERPERAL peritonitis," etc. childbirth or miscarriage, as "FUERPERAL scptichaecause of death approved by Committee on Nomencla-"Contributory." scpsis, tetanus) may be stated under the head of injury, as fracture of skull, and consequences (e. g., dent; Revolver wound of head-homicide; Polsoned Accidental drowning; Struck by railway train-acci-ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF AS probably LENT DEATHS State MEANS OF INJUBY and qualify as which surgical operation was undertaken. cause. etc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness," "Collapse," "Coma," "Convulsions," "Debility" ("Conthenia," "Anaemia" (merely symptomatic), "Atrophy," affection need not be stated unless important. cer" is less definite; avoid use of "Tumor" for maligoma. Sarcoma. etc., of ture of the American Medical Association.) by carbolic acid-probably suicide. The nature of the "Heart failure," "Haemorrhage," "Inanition," "Marasmere symptoms or terminal conditions, such as "As-Bronchopneumonia (secondary), 10 ds. ample: Measles (disease causing death), 29 ds.; valvular heart disease; Chronic interstitial nephritis nant neoplasms); Measles; Whooping cough; Chronic The contributory (secondary or intercurrent) Always qualify all diseases resulting from "Senile," etc.), "Dropsy," (Recommendations on statement of (name origin; "Can-State cause for "Exhaustion," Never report For vio-



V. S. No. 1.

N.B.

Every Item of Information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate. A PERMANENT RECORD IS PLAINLY, WITH UNFADING INK-THIS WRITE

Vislage or City Carry (No. 389)  2FULL NAME Richard / Enry	STATE OF MARYLAND CERTIFICATE OF DEATH  Registration Dist. No. 2/ Caslern, St.; Ward)  It death occurred in a hospital or institution, give ifs NAME instead of street and number.]
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
SEX  4 COLOR OR RACE  MARRIED, WIDOWED, WIDOWED, ATTIEC  (Write the word)	(Month) (Day (Year)  I HEREBY CERTIFY, That I attended deceased from
6 DATE OF BIRTH	Dse 12 1914 10 March 12 1915
(Month) (Day (Year)	that I last saw h com allve on Rear & 11 1915
7 AGE If LESS than	and that death occurred on the date stated above, at 2 P m.
3 yrs 3 mos ds. OR min.?	The CAUSE OF DEATH* was as follows:
(a) Trade, profession, or particular kind of work.  (b) General nature of Industry, business, or establishment in which employed (or employer)	Jeneral (arcuma of Intestine (Duration) yrs. 6 mos 6s.
9 BIRTHPLACE (State or country) Calvert Co Lid.	Secondary (D. 1912)
PATHER LAMES. CINTHER	(Signed) Chiebrore Paren M. D.
11 BIRTHPLKOE OF FATHER (State or country) (Palver Cull)	*State the DISEASE CAUSING DEATH. Or, in deaths from VIOLENT
12 MAIDEN NAME OF MOTHER MANY STATES	*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether Accidental, SUICIDAL, OF HOMICIDAL.
13 BIRTHPLACE OF MOTHER (State or country) (Calvert a /Md	18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)  At place In the ot death yrs, mos ds. State yrs, mos ds
(Interment) For 98	Where was disease contracted, If not at place of death?
(Address) 9189 Earlen ave-	19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL
16 have 1	Cistry (Eml - 3. 15, 1915
Filed March 15, 1915 The March 15, 1915 PREGISTRAR	Q. J. Jarker & Son 42 / Est St.

If more blanks are needed, address State Registrar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Health Association.]

who have no occupation whatever, write None. eated thus: Farmer (retired 6 yrs.) For persons CAUSING DEATH, state occupation at beginning of ill-Scrvant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. Care Housewife, Housework, or At Home, and children, not duties of the household only (not paid Housekeepers statement. Never return "Laborer," been chauged or given up on account of the disease who receive a definite salary), may be entered as mine, etc. fication as Day laborer, Farm laborer, Laborer "Manager," "Dealer," etc., without more precise specimaterial worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. (a) Spinner, (b) Cotton mill; (a) Salcsman, (b) it should be used only when needed. additional line is provided for the latter statement; the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nee-Civil engineer, Stationary freman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the applies to each and every person, irrespective of age. ness of various pursuits can be known. The question tion is very important, so that the relative healthful-Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the As examples: "Foreman,"

Statement of cause of death—Name, first, the disease causing death—In affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meuingitis"); Diphtheria (avoid use of "Croup";) Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite): Tuberculesis of lungs, meninges, peritonaeum, etc., Carcin-

mia," "Puerperal peritonitis," etc. State cause for childbirth or miscarriage as "Puerperal schiichaecause. Always qualify all diseases resulting from ctc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness," thenia," "Anaemia" (merely symptomatic), "Atrophy," nuere symptoms or terminal conditions, such as "Asetc. The contributory (secondary or intercurrent) nant neoplasms); Measles; Whooping cough; Chronic ture of the American Medical Association.) cause of death approved by Committee on Nomencla-"Contributory." sepsis, tetanus) may be stated under the head of injury, as fracture of skull, and consequences (e. g., by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-accisuch, if impossible to determine definitely. Examples: ACCIDENTAL, SUICIDAL, OF HOMICIDAL, or as probably LENT DEATHS State MEANS OF INJURY and qualify as which surgical operation was undertaken. "Heart failure," "Haemorrhage," "Inanition," "Maras genital," "Senile," etc.), "Dropsy," "Exhaustion," "Collapse," "Coma," "Convulsions," "Debility" ("Con-Bronchopneumonia (secondary), 10 ds. Never report ample: Measles (disease causing affection need not be stated unless important. ralvular heart disease; Chronic interstitial nephritis, oma, Sarcoma, etc., of...... (name origin; "Can-Is less definite; avoid use of "Tumor" for malig-(Recommendations on statement of death); 29 ds.; For Vio-

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

APR 6 1915
BUREAU. V.S.

Every Item of information should be esrefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate. PERMANENT RECORD 4 UNFADING INK-THIS IS WRITE PLAINLY, WITH -Every Item of Information should be CAUSE OF DEATH in plain terms, s N.B.

1 PLACE OF DEATH



#### STATE OF MARYLAND CERTIFICATE OF DEATH

Co	unty llune Cumbe	104 CERTIFIC	tration Dist	No 2/
Vil	Palley (No	St.;-	Ward)	[it death occurred in a hospital or iostitutioo, give its NAME instead of street and number.]
	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CER	TIFICATE OF	DEATH
Se	ex COLOR OR RACE SINGLE, MARRIED, WIDOWED, WIDOWED, Write the word)		(Month)	(Day (Year)
6 D	## TE OF BIRTH ## 22 , 1915 (Month) (Day (Year)	that I lest saw h_22 alive on	to Mar	attended deceased from 1915, 1915
TA	ge It LESS than 1 day,hrs. orhrs.	and that death occurred on the	' ()	abovs, atm,
(b) bus wh	) Trade, profession, or articular kind of work.  ) General nature of industry, siness, or establishment in lich employed (or employer)  IRTHPLACE (State or country.)	Contributory Secondary		yrs
OF FATHER Frank Mellase  11 BIRTHPLACE OF FATHER (State or country)  Dulto of MA		(Signed) Promus At (Address:  *State the Disease Causin Causes, state (1) Means of Tal, Suicidal, or Homicidal.	Drey	reaction of the second of the
PARI	13 BIRTHPLACE OF MOTHER (State or country)  12 MAIDEN NAME OF MOTHER (State or country)  Arruel Co	18 LENGTH OF RESIDENCE (FOOR RECENT RESIDENCE) At place of death yrs. mes.	OR HOSPITALS, I	
	(informant) Trace to the BEST OF MY KNOWLEDGE	- Where was disease contracted, If not at place of death? Former or usual residence		
16 Fi	(Address) Markey  100 Mar 20 196 Tornas (4 Brayshaw	3º UNDERTAKER	TOVAL	Mate of Burial
6.11	DERT ZIA PRECIETAR	LINE CALE		DI12

1f more blanks are needed, address State Registrar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

V. S. No. 1.

[Approved by U. S. Census and American Public Health Association.]

of persons engaged in domestic service for wages, as cated thus: should be taken to report specifically the occupations gainfully employed, as At school or At home. who have no occupation whatever, write None. CAUSING DEATH, state occupation at beginning of illbeen changed or given up on account of the disease Scrvant, Cook, Housemaid, etc. If the occupation has Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as duties of the household only (not paid Housekeepers fication as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise specistatement. material worked on may form part of the second Groccry; (a) Foreman, (b) Automobile factory. The additional line is provided for the latter statement; cases, especially in industrial employments, it is nec-Physician, Compositor, Architect, Locomotive engineer, (a) Spinner, it should be used only when needed. As examples: the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) Civil engineer, Stationary fireman, etc. But in many first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the applies to each and every person, irrespective of age. ness of various pursuits can be known. The question tion is very important, so that the relative healthful-Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," Farmer (retired 6 yrs.) For persons (b) Cotton mill; (a) Salesman, "Foreman," (6)

Statement of cause of death—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) Typhoid fever (never report "Typhoid pneumonia," unqualified, is indefinite): Tuberculesis of lungs, memmoes, peritonacum, etc., Carcin-

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Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate. RECORD PERMANENT BINDING 4 S FOR UNFADING INK-THIS RESERVED MARGIN WRITE PLAINLY, WITH

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Cou	1 PLACE OF DEATH	3170 STATE OF MARYLAND CERTIFICATE OF DEATH
	age or City Frances Sta (No. 1)	Registration Dist. No. 2 7  St.; Ward)  St.; Ward)  [If death occurred in a hospital or Institution, give its MAME instead of street and number.]
	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 SE	male white (Write the word)	16 DATE OF DEATH March 23 <sup>12</sup> , 1915- (Month) (Day (Year)  17 I HEREBY GERTIFY, That I attended deceased from Merch 23, 1915, to March 23 <sup>23</sup> , 1915,
	March J, 18/8 (Month) (Day (Year)	that I last saw her alive on March 23rd , 1913
7 'A C	#E ## It LESS than 1 day,hrs. OR	and that death occurred on the date stated above, at 12/5 Pm.  The CAUSE OF DEATH* was as follows:
(a) par (b) busi which	CCUPATION Trada, protession, or flicular kind of work General nature of Industry, iness, or establishment in ch employed (or employer)  RTHPLACE (State or country)	Clerate Unacure of Municipalities  (Buration) yrs. mos. / ds.  Contributory Secondary
ENTS	10 NAME OF ALLEW Harfield  11 BIRTHPLACE OF FATHER (State or country) Md	(Signed) (Si
PAR	13 BIRTHPLACE OF MOTHER (State or country)	TAL, SUICIDAL, OF HOMICIDAL.  18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)  At place In the of death yrs mos ds. State yrs mos ds
	(Informant) Alan Parfiels  (Address).	Where was disease contracted, If not at place of death?  Former or usual residence  DATE OF BURIAL  FRANCE OF BURIAL OR REMOVAL  DATE OF BURIAL  ALZ 5- 181 5
File	LIAO REGISTRAR	Traches Thair CerrelMd traches & Franklin St., Balto., Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Health Association.]

should be taken to report specifically the occupations gainfully employed, as At school or At home, Care "Manager," "Dealer," etc., without more precise speci-Grocery; (a) Foreman, (b) Automobile factory. the nature of the business or industry, and therefore an cases, especially in industrial employments, it is necness of various pursuits can be known. cuted thus: CAUSING DEATH, state occupation at beginning of illbeen changed or given up on account of the disease Servant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as duties of the honsehold only (not paid Housekeepers mine, etc. Women at home, who are engaged in the fication as Day laborer, Farm laborer, Luborer-Coal statement. material worked on may form part of the second (a) Spinner, (b) Cotton mill; (a) Salesman, it should be used only when needed. additional line is provided for the latter statement; essary to know (a) the kind of work and also (b) Civil engineer, Stationary freman, etc. But in many Physician, Compositor, Architect. Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the applies to each and every person, irrespective of age. tion is very important, so that the relative healthfulwho have no occupation whatever, write None. Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Never Farmer (retired 6 yrs.) For persons rctnrn "Laborer," As examples: The question "Foreman," (0)

Statement of cause of death—Name, first, the disease causing death (the primary affection with respect to time and cansation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only defluite synonym is "Epidemic cerebrospinal meningitis"): Diphtheria (avoid use of "Cronp";) Typhoid fever (never report "Typhoid pneumonia"): Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite): Tubereulesis of lungs, meninges, peritonacum, etc., Carcin-

IENT DEATHS State MEANS OF INJURY and qualify as childbirth or miscarriage as "Puerperal septichaethenia," "Anaemia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Conventsions," "Debility" ("Conmere symptoms or terminal conditions, such as "Asralvular heart disease; Chronic interstitial nephritis. nant neoplasms); Measles; Whooping cough; Chronic oma, Sarcoma, etc., of...... (name origin; "Can-"Coutributory." sepsis, tetanus) may be stated under the head of injnry, as fracture of skull, and consequences (e. g., such, if impossible to determine definitely. Examples: ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably which surgical operation was undertaken. For vioetc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemta," "Weakness," "Heart failnre," "Haemorrhage," "Inanition," "Maras Bronchopmeumonia (secondary), 10 ds. affection need not be stated unless important. ture of the American Medical Association.) cause of death approved by Committee on Nomenclaby earbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railreay train-acci-The contributory (secondary or intercurrent) is less definite; avoid use of "Inmor" for malig-"PUERPERAL peritonities," etc. State Always qualify all diseases resulting from Measles "Senile," etc.), "Dropsy," (Recommendations on statement of (disease cansing death), 29 ds.; "Exhaustiou," Never report cause for



ACE OF DEATH STATE OF MARYLAND state Very DEATH SICIANS should OCCUPATION IS Registered No It death occurred in PHYSICIANS a hospital or institution. RECORD give its NAME instead el street and number. 1 MEDICAL CERTIFICATE OF DEATH PERSONAL AND STATISTICAL PARTICULARS 16 DATE OF DEATH . 5 SINGLE, 3 SEX 4 COLOR OR RACE MARRIEO, WIDOWEO. ORDIVORCED Write the word) I HEREBY CERTIFY, That I attended deceased from Exact B DATE OF BIRTH stated classified. (Year) 4 (Day) pe 7 AGE If LESS than and that death occurred on the date stated above, at pino 1 day, .....hrs. The CAUSE OF DEATH \* was as follows: Sh properly BOCCUPATION ы 5 (a) Trade, profession, or X (b) General nature of Industry. pe business, or establishment in (Duration) .yrs... may which employed (or employer) Contributory. BIRTHPLACE oarefully o certificat (State or country 10 NAME OF FATHER 20 ō pe back 11 BIRTHPLACE terms. Z OF FATHER should (State or country) \*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether Acciden-UO 2 12 MAIDEN NAME TAL, SUICIDAL, OF HOMICIDAL. plain 4 OF MOTHER Instructions ПО 16 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS) Informat 13 BIRTHPLACE = At place OF MOTHER EATH (State or country Where was disease contracted PE Item OF usual residence. Every Item CAUSE OF Important. (Address) 15 20 UNDERTAKER 0 m ż blanks are needed, address State Registrar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Health
Association.]

cated thus: Farmer (retired 6 yrs.). For persons of persons engaged in domestic service for wages, as duties of the household only (not paid Housekcepers "Manager," "Dealer," etc., without more precise speci-(a) Spinner, (b) Cotton mill; (a) Salcsman, (b) Grocery; (a) Foreman, (b) Automobile factory. The additional line is provided for the latter statement; the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) eases, especially in industrial employments, it is necness of various pursuits can be known. The question tion is very important, so that the relative healthfuiwho have no occupation whatever, write None. CAUSINO DEATH, state occupation at beginning of illbeen changed or given up on account of the DISEASE Servant, Cook, Housemaid, etc. If the occupation has should be taken to report specifically the occupations gainfully employed, as At school or At home. Housewife, Housework, or At Home, and children, not who receive a definite saiury), may be entered as fleation, as Day laborer, Farm laborer, Laborer-Coa. statement. material worked on may form part of the second it should be used only when needed. As examples: Civil engineer, Stationary freman, etc. Physician, Compositor, Architect, Locomotive engineer first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the applies to each and every person, irrespective of age minc, etc. Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," But in many "Foreman,"

Statement of cause of death—Name, first, the disease causino death—(the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid deneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite); Tubercutoris of lungs, meninges, peritonaeum, etc... Carcinoscis, or the same death, is indefinited.

sepsis, tetanus) may be stated under the head such, if impossible to determine definitely. ACCIDENTAL SUICIDAL, OF HOMICIDAL, OF AS probably ehildbirth or miscarriage, as "Pursperal septicharture of the American Medical Association.) cause of death approved by Committee on Nomencla-"Contributory." injury, as fracture of skull, and consequences (e. g., by curbolic acid-probably suicide. The nature of the dent; Revolver reound of head-homicide; Poisoned Accidental drowning; Struck by railway train-acci-LENT DEATHS State MEANS OF INJURY and qualify as which surgical operation was undertaken. etc., when a definite disease can be ascertained as the mus," "Oid Age," "Shock," "Uraemia," "Weakness," "Heart failure," "Haemorrhage," "Inanition," "Maras. "Collapse." "Coma," "Convuisions," "Deblity" ("Conthenia," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "As-Bronchopncumonia (secondary), 10 ds. ample: Measles (disease causing death), 29 ds.; affection need not be stated unless important. valvular heart disease; Chronic interstitial nephritis nant neoplasms) : Measles; Whooping cough: Chronic oma. Sarcoma. etc., of is less definite; avoid use of "Tumor" for mailg-The contributory (secondary or latercurrent) "Pueaperal peritonitis," etc. State cause for Always qualify all diseases resulting from "Sculle," etc.), (Recommendations on statement of "Dropsy," (name origin; "Can-"Exhaustion," Never report Examples: For vio-



A PERMANENT RECORD BINDING WRITE PLAINLY, WITH UNFADING INK-THIS IS FOR ROB RESERVED MARGIN

S. No. 1.

7 5	1 PLACE OF DEATH	STATE OF MARYLAND		
state Ver)	$ \Omega$ $\Omega$ $\Omega$	CERTIFICATE OF DEATH		
SICIANS should	County LA CO	Registration Dist, No. 24		
ATI	Vittage or City Brooklyn (No.	St.; Ward) [If death occurred la		
CUP	(10,	a hospifal or institution, give its NAME instead		
YSIC	Parence In &	of street and number.]		
H 0	2FULL NAME OF OVERVILE ME STURIOUS			
Y.	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH		
KACTLY.	3 SEX 4 COLOR OR RACE 5 SINGLE, single	16 DATE OF DEATH MAR 3/1915		
	Male Colored WIDOWED, ORDIVORED (Write the word)	(Month) (Day (Year)		
Exact	6 DATE OF BIRTH	I HERBY CERTIFY, that I attended declared from		
E	Go 29 .0911	1010, to 110000		
e d.	(Month) (Day (Year)	that I last ssw hamalive on Man 3, 1915		
ould be	<sup>7</sup> AGE If LESS than	and that death occurred on the date stated above, at 138 6 m.		
.5	20 4 2 1 day,hrs.	The CAUSE OF DEATH * was 35 Tollows:		
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AGE s properly	(a) Trade, profession, or	Lorar meumonia		
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may be	business, or establishment in	(Duration) X yrs X mos 6 ds.		
aug ma	which employed (or employer)  BRITHPLACE	Contributory		
arefully su that it m certificate.	(State or country) Broken and Const	Contributory Secondary		
that tertif	10 NAME OF	(Duration) Ass. mos. ds.		
0 00	FATHER Kichard / Milliam	(Signed) M. D.		
ms, back	11 BIRTHPLACE OF FATHER	yearl 1, 1915 (Address) So Della 20		
tern n bi	OF FATHER (State or country)  12 MAIDEN NAME OF MOTHER	*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT		
8 - 0	M 12 MAIDEN NAME OF MOTHER	*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDEN TAL, SUICIDAL, OF HOMICIDAL.		
plair	a Carah ! Hanson	18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)		
nformati TH in Instructi	13 BIRTHPLACE OF MOTHER	At place In the		
	14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	of death yrs mos ds. State yrs mos ds Where was disease contracted,		
OF 1 DEA	THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	If not at place of deafh?		
ELL	(Interment) Allar a . Mulliams fathers	Former or usual residence		
Every Ite CAUSE ( Important	(Address) Brooklyn aa Co Ind	19 PLACE OF BURIAL OR REMOVAL DATE OF BURIALM		
Every CAUS Impor	15 Ol : 1 St MM 11 - 1 1	William burng ground april 2, 1915		
HOE	adjul 195 1. D. Horron MA	20 UNDERTAKER DDRESS		
2	REGISTRAR	Comstrong Lenny Co 713 Light it		
	more blanks are needed, address State Regis	trar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.		

# REVISED UNITED STATES STANDARD CERTIFICATE OF DEATH

[Approved by U. S. Census and American Public Health Association.]

cated thus: Farmer (retired 6 yrs.) For persons CAUSING DEATH, state occupation at beginning of ill-Screant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as should be taken to report specifically the occupations who have no occupation whatever, write None. been changed or given up on account of the disease gainfully employed, as At school or At home. Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as duties of the household only (not paid Housekeepers mine, etc. Women at home, who are engaged In the fication as Day laborer, Farm laborer, Laborer-Coal "Mauager," "Dealer," etc., without more precise specistatement. Never return "Laborer," material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. The it should be used only when ueeded. As examples: additional line is provided for the latter statement; the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Civil engineer, Stationary freman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, applies to each and every person, irrespective of age. (a) Spinner, (b) Cotton mill; (a) Salesman, For many occupations a single word or term on the ness of various pursuits can be known. The question tion is very important, so that the relative healthful-Statement of occupation-Precise statement of occupa-If retired from business, that fact may be Indi-"Foreman,"

Statement of cause of death—Name, first, the disease causing death—the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite): Tuberculesis of lungs, meminges, peritonaeum, etc., Carcin-

childbirth or miscarriage as "Puerperal septichaeture of the American Medical Association.) cause of death approved by Committee on Nomenclascpsis, tetanus) may be stated under the head of "Contributory." (Recommendations on statement of injury, as fracture of skull, and consequences (e. g., dent; Revolver wound of head-homicide; Poisoned such, if impossible to determine definitely. Examples: ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably LENT DEATHS State MEANS OF INJURY and qualify as mia," "l'uerreral peritonitis," etc. State cause for mus," "Old Age," "Shock," "Uraemia," "Weakness," "Heart failure," "Haemorrhage," "Inanition," "Maras-"Collapse," "Coma," "Convulsions," "Debility" ("Contheuia," "Auaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "Asnant neoplasms); Measles; Whooping cough; Chronic oma, Sarcoma, etc., of...... (name origin; "Canby carbolic acid-probably suicide. The nature of the Accidental drowning; Struck by railway train-acciwhich surgical operation was undertaken. For vioetc., when a definite disease can be ascertained as the natural reart disease; Chronic interstitial nephritis, Bronchopmeumonia (secondary), 10 ds. Never report affection need not be stated unless important. is less definite; avoid use of "Tumor" for malig-The contributory (secondary or intercurrent) Always qualify all diseases resulting from Meastes (disease causing death), 29 ds.; "Senile," etc.), "Dropsy," "Exhaustion,"



state Very CERTIFICATE OF DEAT SICIANS should Registration Dist. No. St.;....Ward) word Williams MEDICAL PERSONAL AND STATISTICAL PARTICULARS PERMANENT 5 SINGLE. WIDOWEO. DINDING (Month) rite the word) I HEREBY CERTIFY, That I attended deceased from 17 classified. (Month) (Day) (Year) It LESS than TAGE and that death occurred on the date states U t day, ... hrs. min. ? properl 6 OCCUPATION 5 (a) Trade, protession, or ۵ particular kind of work ERVE (b) General nature of industry, supplied business, or establishment in Ü ADING may which employed (or employer) certificate. Contributory 9 BIRTHPLACE ES (Secondary) (State or country) 10 NAME OF FATHER 0 MARGIN back 11 BIRTHPLACE L terms OF FATHER (State or country State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether Accidenш uo 2 TAL, SUICIDAL, OF HOMICIDAL. 12 MAIDEN NAME plain 4 OF MOTHER Instructions Information 16 LENGTH OF RESIDENCE FOR HOSPITALS. INSTITUTIONS, TRANSIENTS. OR RECENT RESIDENTS) 13 BIRTHPLACE 드 At place In the OF MOTHER of death ..... yrs. mos. ..... ds. State ..... yrs. ..... mos. .... ds ATH (State or country) Where was disease contracted. It not at place of death? OF Former or Item OF usual residence. important. Ш Every 6 ż If more blanks are needed, address State Regis trar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

PLACE OF DEATH

STATE OF MARYLAND

[If death occurred in

(Year)

a hospital or institution, give its NAME Instead

of street and number.]

# REVISED UNITED STATES STANDARD CERTIFICATE OF DEATH

[Approved by U. 8, Censns and American Public Health Association.]

should be taken to report specifically the occupations gainfully employed, as At school or At home. Care cated thus: Farmer (retired 6 yrs.). CAUSING DEATH, state occupation at beginning of illbeen changed or given up on account of the disease of persons engaged in domestic service for wages, as Housewife, Housework, or At Home, and children, not duties of the household only (not paid Housekeepers fication, as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise specistatement. Grocery; (a) Forevian, (b) Automobile factory. The material worked on may form part of the second it should be used only when needed. As examples: additional line is provided for the latter statement; cases, especially in industrial employments, it is necessary to know (con the kind of work and also (b) the nature of the business or industry, and therefore an who have no occupation whatever, write None. Servant, Cook, Housemaid, etc. If the occupation has who receive a definite salary), may be entered as minc, etc. Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the applies to each and every person, irrespective of age ness of various pursuits can be known. The question tion is very important, so that the relative seaithful-(a) Spinner, Civil engineer, Stationary freman, etc. But in many Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," "Foreman," (b) Cotton mill; (a) Salesman, For persons (d)

Statement of cause of death—Name, first, the disease causing death—Name, first, the disease causing death with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid denumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite); Tuberculosis of lungs, meninges, peritonacum, etc.. Carcinosis of lungs, meninges, peritonacum, etc.. Carcinosis

childbirth or miscarriage. as "Pursperal, septichae thenia," "Anaemia" (merely symptomath "Atrophy," "Collapse," "Coma," "Convuisions," "Debility" ("Consepsis, tetanus) may be stated under the head injury, as fracture of skull, and consequences (e. by earbolic acid-probably suicide. The nature of the which surgical operation was undertaken. For vio-LENT DEATHS state MEANS OF INJURY and qualify as mia," "Puerperal peritonitis," etc. State cause for cause. Always qualify all diseases feathting from etc., when a definite disease can be ascertained as the genital," "Senile." etc.), "Dropsy," "Exhaustion," merc symptoms or terminal conceions, such as "As nant neoplasms); Measles; Whooping cough; Chronic oma. Sarcoma. etc., of ture of the American Medical Association.) cause of death approved by Committee on Nomencla. "Contributory." dent; Revolver wound of head-homicide; Polsoned Accidental drowning; Struck by railway train-accisucb. if impossible to determine definitely. ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF, as probably "Hart faffure," "Haemorrhage," "Inanitim," "Maras Bronchopneumonia (secondary), 10 ds. Never report affection need not be stated unless important. valvular heart disease; Chronic interstitial nephritis is less definite; avoid use of "Tumor" for mails The contributory "Old Age." "Shock." "Traemia," Meastes (disease causing (Recommendations on statement of (secondary or intercurrent (name origin; "Candeath), 29 da. Weakness," Examples:



V. S. No. 1.

N. B.—Every liem of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate. RECORD PERMANENT WRITE PLAINLY, WITH UNFADING INK-THIS IS

1 PLACE OF DEATH



### STATE OF MARYLAND CERTIFICATE OF DEATH

Registration Dist. No

.....Ward)

[If death occurred in a hospital or lostitutioo, give its NAME instead of street and number.]

PERSONAL AND STATISTICAL BARTICULARS	MEDICAL CERTIFICATE OF DEATH	
Femile Man Single, Married, Wilsower, Orbivorceb (Write the word)	(Month) (Day (Year)	
Month (Day (Year)	that I last aaw h alive on Murch 25 1915.	
7 AGE   If LESS than 1 day,hrs.	and that death occurred on the date atated above, at	
(a) Trade, profession, or particular kind of work.  (b) General nature of industry, business, or establishment in which employed (or employer)	Broncho-Pneumons (Ouration) yra mos. ds.	
9 BIRTHPLACE (State or country) Manyland	Contributory Menoun Secondary  (Doration) yrs mos ds.	
11 BIRTHPLACE OF FATHER (State or country)  12 MAIDEN NAME OF WILLIAMS  12 MAIDEN NAME OF MOTHER  OF MOTHER	(Signed) Frankland Court of M. D.  Manel 27, 1915. (Address) West Diver MA  *State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury; and (2) whether Accidental, Suicidal, or Homicidal.	
13 BIRTHPLACE OF MOTHER (State or country)  14 THE ABOVE IS TRUE TO THE BEST OF, MY KNOWLEDGE	18 LENGTH OF RESIDENCE (FOR HOSPITALS, INATITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)  Af place 10 the of death yrs, mos, ds. State yrs, mos, ds.  Where was disease contracted,	
(Informant) Thomas Williams	If not at place of death?————————————————————————————————————	
(Address) Let Carey MA.  16 Filed Mick 2 / 1915 Michael Carrot L REGISTRAR  16 HOPE PHYNKS 9TO PROJECT PORTOR	PARCE OF BURIAL OR REMOVAL  ASCUST CONJUNCT  20 UNDERTAKER  MANUE SALLOT  PARCE OF BURIAL  Minute S., 1815  ADDRESS  Mest Fire V.  Far, 6 E. Franklin St., Balto, Requesting V. S. No. 1	

# REVISED UNITED STATES STANDARD CERTIFICATE OF DEATH

[Approved by U. S. Census and American Public Health Association.]

who have no occupation whatever, write Nonc. cated thus: Farmer (retired 6 yrs.) For persons CAUSING DEATH, state occupation at beginning of illbeen changed or given up on account of the disease Servant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. Care Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as duties of the honsehold only (not paid Housekeepers mine, etc. Women at home, who are engaged in the fication as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise specistatement. material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. The additional line is provided for the latter statement; the nature of the business or industry, and therefore an cases, especially in industrial employments, it is nec-Physician, Compositor, Architect, Locomotive engineer, (a) Spinner, (b) Cotton mill; (a) Salesman, it should be used only when needed. essary to know (a) the kind of work and also (b) Civil engineer, Stationary fireman, etc. But in many first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the applies to each and every person, irrespective of age. ness of various pursuits can be known. The question tion is very important, so that the relative healthful-Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-· Never return "Laborer," As examples: "Foreman," (6)

Statement of cause of death—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meniugitis"); Diphtheria (avoid use of "Croup";) Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Theumonia," unqualified, is indefinite): Tuberculesis of lungs, meninges, peritonaeum, etc., Carcin-

scpsis, tctanus) may be stated under the head of mia," "Puerperal peritonitis," etc. State cause for childbirth or misearriage as "Puerperal septichaetheuia," "Anaemia" (merely symptomatic), "Atrophy," ture of the American Medical Association.) cause of death approved by Committee on Nomenclainjury, as fracture of skull, and cousequences (e. g., by carbolic acid-probably suicide. The nature of the Accidental drowning; Struck by railway train-accisuch, if impossible to determine definitely. Examples: ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably LENT DEATHS state MEANS OF INJURY and qualify as which surgical operation was undertaken. For vioetc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness," "Heart failure," "Haemorrhage," "Inanition," "Marasgenital," "Senile," etc.), "Dropsy," "Exhaustiou," "Collapse," "Coma," "Convilsions," "Debility" ("Conmere symptoms or terminal conditions, such as "As-Bronchopncumonia (secondary), 10 ds. Never report ample: Meastes (disease eausing death), 29 ds.; affection need not be stated unless important. nalvular heart disease; Chronic interstitial nephritis, nant neoplasms); Measles; Whooping cough; Chronic cer" is less definite; avoid use of "Tumor" for maligoma, Sarcoma, etc., of ..... (name origin; "Can-"Contributory." dent; Revolver wound of head-homicide; Poisoned The contributory (secondary or intercurrent) Always qualify all diseases resulting from (Recommendations on statement of



County (L.	STATE OF MARYLAND CERTIFICATE OF DEATH
Village or City Complete (No. 64)	Registration Dist. No. 2/  Xuasekkins St.; Ward)  [If death occurred in a hospital or institution, give its NAME instead of street and number.]
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
male White Single, Married Orlivorce Orlivorce (Write the word)	16 DATE OF DEATH March 13 , 1915 (Month) (Day (Year)
TAGE    Comparison of the comp	that I last saw him alive on March 12, 1915, to Med 13, 1915, that I last saw him alive on March 12, 1915 and that death occurred on the date stated above, at 3, 25 Pm, The CAUSE OF DEATH* was as follows:
OCCUPATION (a) Trade, profession, or particular kind of work (b) General nature of Industry, business, or establishment in which employed (or employer)  BIRTHPLACE (State or country)  10 NAME OF FATHER  OF FATHER  OF FATHER  (State or country)  11 BIRTHPLACE OF FATHER (State or country)  12 MAIDEN NAME	Chronic Sulvohtal  (Duration) Swiral  (Duration) Swiral  (Duration) Swiral  (Duration) Swiral  (Signed) Secondary  (Signed) Swiral  (Signed) S
of Mother Usels 20022.  13 BIRTHPLACE OF MOTHER (State or country) Semance  14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	18 LENGTH OF RESIDENCE (FOR MOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)  At place In the of death yrs, mos. ds. State yrs, mos. ds.  Where was disease contracted,
(Interment) Lotin 7.7 files.  (Address) Cohi Frank Sin - St.  Filed March 15, 1915 Amg Walch	If not at place of death?  Former or  USUAL residence.  19 PLACE OF BURIAL OR REMOVAL  ADDRESS  20 UNDERTAKER  ADDRESS  ADDRESS
f more blanks are needed, address State Registra	rar, 6 E. Franklin St., Baito., Requesting V. S. No. 1.

# REVISED UNITED STATES STANDARD CERTIFICATE OF DEATH

[Approved by U. S. Census and American Public Health Association.]

who have no occupation whatever, write None. cated thus: Farmer (retired 6 yrs.) For persons CAUSING DEATH, state occupation at beginning of illbeen changed or given up on account of the DISEASE Servant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. Care Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as duties of the household only (not paid Housekeepers minc, etc. fication as Day laborer, Farm laborer, Laborer-Coal statement. material worked on may form part of the second "Manager," "Dealer," etc., without more precise speci-Grocery; (a) Foreman, (b) Automobile factory. additional line is provided for the latter statement; the nature of the business or industry, and therefore an Physician, Compositor, Architect, Locomotive it should be used only when needed. essary to know Civil engineer, Stationary fireman, etc. But in many first line will be sufficient, e. g., Farmer or Planter, applies to each and every person, irrespective of age. ness of various pursuits can be known. The question (a) Spinner, (b) Cotton mill; (a) Salesman, For many occupations a single word or term on the tion is very important, so that the relative healthful-Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indiespecially in industrial employments, it is nec-Women at home, who are engaged in the Never return "Laborer," (a) the kind of work and also (b) As examples: "Foreman," engineer, (4)

Statement of cause of death—Name, first, the disease causing dearm (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) Typhoid fever (never—report "Typhoid pneumonia," unqualified, is indefinite): Tuberculesis of lungs, meninges, peritonacum, etc., Carcin-

"Contributory." mia," "Puerperal peritonitis," etc. State cause for childbirth or miscarriage as "Puerperal septichaectc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness," nant neoplasms); Measles; Whooping cough; Chronic cer" is less definite; avoid use of "Tumor" for maligoma, Sarcoma, etc., of...... (name origin; "Canture of the American Medical Association.) cause of death approved by Committee on Nomenclasepsis, tetanus) may be stated under the head Accidental drowning; Struck by railway train-accisuch, if impossible to determine definitely. Examples: ACCIDENTAL, SUICIDAL, OF HOMICIDAL, or as probably LENT DEATHS state MEANS OF INJUBY and qualify as "Heart failure," "Haemorrhage," "Inanition," "Marasgenital," "Senile," etc.), "Dropsy," "Exhaustion," thenia," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "Asaffection need not be stated unless important. injury, as fracture of skull, and consequences (e. g., by carbolic acid—probably suicide. dent; Revolver wound of head-homicide; Poisoned which surgical operation was undertaken. For vio-"Collapse," "Coma," "Convulsions," "Debility" ("Con-Bronchopneumonia (secondary), 10 ds. ralvular heart disease; Chronic interstitial nephritis, The contributory Always qualify all diseases resulting from Measles (disease causing (Recommendations on statement of (secondary or intercurrent) The nature of the death), 29 ds.; Never report



### 1 PLACE OF DEATH STATE OF MARYLAND CERTIFICATE OF DEATH SICIANS should OCCUPATION IS Registration Dist. No. PHYSICIANS Ilf death occurred in Ward) a hospifal or institution. give its NAME Instead of street and number.] statement PERSONAL AND STATISTICAL PARTICULARS MEDICAL CERTIFICATE OF PERMANENT EXACTLY SEX 4 COLOR OR RACE 18 DATE OF DEATH 5 SINGLE. MARRIED. WIDOWED AND ORDIVORCES (Write the word) Exact I HEREBY CERTIFY, That I attended decemed from 6 DATE OF BIRTH non classified. pe (Month) (Day (Year) 7 AGE If LESS than should and that death occurred on the date stated above, at 1 day hrs. The CAUSE OF DEATH \* was as follows: OR ..... 7 properly BOCCUPATION (a) Trade, profession, or INK particular kind of work supplied. pe (b) General nature of industry. UNFADING business, or establishment in may which employed (or employer) certificate. 9 BIRTHPLACE Contributery carefully (State or country) Secondar that (Duration 10 NAME OF FATHER 90 (Signed) of WITH back terms, 11 BIRTHPLACE , t9t .... (Address) ARENT pinous OF FATHER (State or country) \*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, OF HOMICIDAL. LO plain 12 MAIDEN NAME EATH in plain 6 instructions OF MOTHER information 18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS. OR RECENT RESIDENTS 13 BIRTHPLACE At place In the OF MOTHER of death \_\_\_\_\_ yrs. \_\_\_ mos. \_ (State or country) State \_\_\_\_\_ yrs. \_ aud WRITE Where was disease contracted. 14 THE ABOVE OF If not at place of death? Former or Every Item CAUSE OF Important. 3 (Informant) usual residence 19PLACE OF BURIAL OR REMOVAL AFFE OF BURIAL (Address) 15 a 29 UNDERTAKER ADDRESS REGISTRAP Z: ore blanks are needed, address State Registrar, 6 E. Franklin St., Balto., Ivequesting V. S. No. 1.

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cated thus: ness. If retired from business, that fact may be indi-CAUSING DEATH, state occupation at beginning of ill-Servant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as should be taken to report specifically the occupations who receive a definite salary), may be entered as duties of the household only (not paid Housekeepers mine, etc. Women at home, who are engaged in the fication as Day laborer, Farm laborer, Laborer-Coal who have no occupation whatever, write None. been changed or given up on account of the disease gainfully employed, as At school or At home. Housewife, Housework, or At Home, and children, not "Manager," "Dealer," etc., without more precise specistatement. material worked on may form part of the second it should be used only when needed. As examples: the nature of the business or industry, and therefore an Grocery; (a) Foreman, (b) Automobile factory. The additional line is provided for the latter statement; essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Physician, Compositor, Architect, Locomotive engineer, applies to each and every person, irrespective of age. (a) Spinner, (b) Cotton mill; (a) Salesman, Civil engineer, Stationary freman, etc. But in many first line will be sufficient, c. g., Farmer or Planter, For many occupations a single word or term on the ness of various pursuits can be known. The question tion is very important, so that the relative healthful-Statement of occupation-Precise statement of occupa-Never Farmer (retired 6 yrs.) For persons return "Laborer," "Foreman,"

Statement of cause of death—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite): Tuberculosis of lungs, meninges, peritonaeum, etc., Carcin-

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If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

11.58 11.15



S. No. 1.

N. B.—Every litem of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate. RECORD PERMANENT 4 WRITE PLAINLY, WITH UNFADING INK-THIS IS

1 PLACE OF DEATH



### STATE OF MARYLAND CERTIFICATE OF DEATH

1/0812	lation	שושני,	140,

St.: -Ward)

[If death occurred is a hospital or institution, give its NAME Instead of street and number.

	FULL NAME Williamuca	n Ker
	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 5	Lundle Acoloror RACE Single, MARRIED, WIDDWED, ORDINDROED (Write the word)	16 DATE OF DEATH MAIN (Day (Year)
	(Month) (Day (Year)	that I last saw head alive on 21000 1915.  and that death occurred on the date stated above, at 9 9 m.
yrs mos ds. or min.?  **OCCUPATION (a) Trade, profession, or particular kind of work (b) General nature of industry, business, or establishment in which employed (or employer)		The CAUSE OF DEATH* was as follows:  On all Significant Tables  (Duration) Tris (mos. 5 ds.
9 8	11 BIRTHPLACE OFFATHER (State or country)  12 NAME OF FATHER  13 BIRTHPLACE OFFATHER (State or country)	Contributory Secondary  (Doration) yrs mos ds.  (Signed) The mark of Degree 1, M. D.  Mark of the Discondary of the mark of the Degree 1, M. D.
PARENTS	13 BIRTHPLACE OF MOTHER (State or country)	*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, OF HOMICIDAL.  18 LENGTH OF RESIDENCE (FOR HOSPITALA, INATITUTIONA, TRANSIENTA, OR RECENT RESIDENCE)  At place to the of deathyrs,mosds
14	(Informant) Turies Longe	Where was disease contracted, If not at place of death?  Former or usual residence.  19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL
15 F	iled Man 16, 1912 hour as N Drougolius	20 UNDERTAKER ADDRESS Balto
	If more blanks are needed, address State Regist	rar 6 E Fwanklin St Rolto Doguesting VI S Mr. 4

ikin St., Balto., Requesting V. S. No. 1.

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"Manager," "Dealer," etc., without more precise specigainfully employed, as At school or At home. fication as Day laborer, Farm laborer, Laborer-Coal statement. eated thus: CAUSING DEATH, state occupation at beginning of ill-Scrvant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as should be taken to report specifically the occupations Housewife, Housework, or At Home, and children, not duties of the household only (not paid Housekeepers who have no occupation whatever, write None. been changed or given up on account of the disease who receive a definite salary), may be entered as material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. The additional line is provided for the latter statement; the nature of the business or industry, and therefore an cases, especially in industrial employments, it is nec-Civil engineer, Stationary freman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, it should be used only when uccded. As examples: essary to know (a) the kind of work and also (b) For many occupatious a single word or term on the applies to each and every person, irrespective of age. ness of various pursuits can be known. The question Statement of occupation-Precise statement of occupa-Spinner, If retired from business, that fact may be Indivery important, so that the relative healthful-Womcu at home, who are engaged in the Never Farmer (retired 6 yrs.) For persons (b) Cotton mill; (a) Salesman, return "Laborer," "Foreman," (4)

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